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USAID NGO HEALTH SERVICE DELIVERY PROJECT

ANNUAL PROGRESS REPORT

JANUARY 1, 2013 – DECEMBER 31, 2013

(Including the fourth quarter, year one)

Contract No. 388-C-13-00002

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Contents

Acronyms

AMTSL	active management of third stage labor
ANC	antenatal care
ARI	acute respiratory infections
BCC	behavior change communication
BCCP	Bangladesh Center for Communication Programs
BCWG	Bangladesh Communication Working Group
BKMI	Bangladesh Knowledge Management Initiative
BoD	Board of Directors
BP	best practice
CDCS	country development cooperation strategy
C-EmONC	comprehensive emergency obstetric and newborn care
C-IMCI	community integrated management of childhood illness
CM	community mobilization
CMAM	community-based management of acute malnutrition
CmSS	community support system
COP	Chief of Party
CQI	continuous quality improvement
CSC	consortium steering committee
CSP	community service provider
CSR	corporate social responsibility
DCOP	Deputy Chief of Party
DDFP	Deputy Director Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DSF	demand-side financing
EmONC	emergency obstetric and newborn care
ENC	essential newborn care
ESP	Essential Services Package
FANC	focused antenatal care
F&O	Finance and Operations
FP	family planning
FTF	Feed the Future
GAAP	generally accepted accounting practices
GBV	gender-based violence
GHI	Global Health Initiative
GIS	geographic information systems
GOB	Government of Bangladesh
GUC	grants under contract
HEF	Health Equity Fund
HIP	High Impact Practices
HMIS	Health Management Information Systems
HPNSDP	Health, Population, and Nutrition Sector Development Program
HR	human resources
HTSP	healthy timing and spacing of pregnancy
ICA	Institutional Communication Assessment
IMCI	integrated management of childhood illness
IR	intermediate result
IS	institutional strengthening
IYCF	infant and young child feeding
JHU-CCP	Johns Hopkins Center for Communication Programs
KM	knowledge management
LA	long-acting
LAPM	long-acting and permanent methods
LCC	limited curative care
LMIS	Logistics Management Information Systems
MAMA	Mobile Alliance for Maternal Action
M&E	monitoring and evaluation
MCH	maternal and child health
MDG	Millennium Development Goal
MH	maternal health
MIS	Management Information Systems
MNCH	maternal, newborn, and child health
MOCAT	Modified Organizational Capacity Assessment Tool
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government,

	Rural Development and Cooperatives
MOSW	Ministry of Social Work
MOWCA	Ministry of Women and Children's Affairs
NC	newborn care
NGO	nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NMC	NGO Membership Council
NSDP	NGO Service Delivery Project
NUK	Nari Uddug Kendra
OCAT	Organizational Capacity Assessment Tool
OCC	One Stop Crisis Center
OPAT	Organizational Performance Assessment Tool
PMP	performance monitoring plan
PNC	postnatal care
QMS	Quality Monitoring and Supervision
RH	reproductive health
RSDP	Rural Service Delivery Partnership
SAM	severe acute malnutrition
SBA	skilled birth attendant
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SH	Surjer Hashi
SHCSG	Surjer Hashi Community Support Group
SM	social marketing
SMC	Social Marketing Company
SMS	short message service
SMT	senior management team
SPO	Service promotion officer
SRH	Sexual and reproductive health
SSFP	Smiling Sun Franchise Program
STTA	Short-term technical assistance
TA	technical assistance
TFR	total fertility rate
U-5	under-5

Executive Summary

In its first year, USAID NGO Health Service Delivery Project (NHSDP) made a smooth and rapid transition from the preceding franchise model to a service delivery model focusing on expanding access to and availability of a quality essential services package (ESP), especially to the poor and underserved. NHSDP was able to proactively envision and works towards the change in strategy through a rigorous consultative process engaging key stakeholders and close collaboration with NGOs in the Surjer Hashi (SH) network.

For expansion of services, NHSDP focused on providing guidelines, conducting group exercise, workshops, consultative meetings with the NGOS, collaborating with various partners. To this end, a rationalization exercise was carried out with the NGOs so that the provision of quality ESP is extended to the right target group, i.e., underserved ethnic communities, hard-to-reach areas, under-served and the poor. NGOs were provided several guidelines including a comprehensive 'Surjer Hashi Clinic Management Guideline', and 'Guideline for adaptation of innovative approaches'. To mainstream nutrition, a core package was developed with specific interventions reflecting the life cycle approach and the project formed and convened the Nutrition Technical Advisory Group (NTAG). A supply of growth monitoring cards, brochures, and training materials were obtained through close collaboration with the Institute of Public Health and Nutrition (IPHN) of GOB and as well as a supply of IFA tablets were received for the SH clinics through collaboration with UNICEF. Collaboration with FANTA III has ensured training for SPs on infant and young child feeding (IYCF); IYCF training was completed by October 2013 for staff (clinic managers, counselors, paramedics, medical officers, service promoters and CSPs) in 50 clinics.

Additionally, a letter of collaboration (LOC) was signed with USAID's Strengthening Partnerships, Results and Innovations in Nutrition Globally (SPRING) project in order to improve nutritional status in 16 overlapping working upazilas of Barisal and Khulna division. Strategies for increasing newborn care services have been developed, including community mobilization, guidelines on birth preparedness and PNC and newborn care checklists. (8) To create demand for pregnancy-related care and child health care services by sending SMS reminders to expecting women via mobile phone, a memorandum of understanding (MOU) was signed with the Mobile Alliance for Maternal Action (MAMA). (9) Nine SH clinics have applied to GOB to be included under the demand-side financing (DSF) programs after NHSDP had several discussions with the Government and WHO counterparts advocating such inclusion. This will increase poor women's access to MH services of the SH clinics. (10) Workshops were held to promote gender equity within NGOs and clinics and to enhance women and girl-centered services. To complement this effort, two strategy papers on gender and gender-based-violence (GBV) have been drafted.

NHSDP has also identified the clinics and prepared the list for maximum impact and engaged USAID and GOB stakeholders. Guidance was given to NGOs to complete community mapping in all most all SH clinics. The definition and criteria for Poor and Poorest of the Poor (POP) was finalized and benefit package drafted. A Cost-Recovery (CR) plan for NHSDP NGOs as part of the Performance-Based Grant's approval process was approved by USAID. NHSDP offered group workshops and technical support via one-on-one meeting on rationalization before preparing the CR plans. Simultaneously, a customized cost recovery plan for one NGO has been prepared by NHSDP's staff, upon reviewing and analyzing financial and non-financial data from each clinics of that NGO. To support NGOs, as per contractual agreement, in developing their own tailored CR plan, NHSDP prepared a guideline. The plan prepared by NHSDP for one NGO will be used as an example. In 2014, NHSDP will offer additional technical assistance to NGOs to develop the plan via workshops.

New partnership agreements have been established with leading 10 pharmaceutical companies for supply of drugs on special/discounted prices to SH clinics, with RFL for making 'Mayer Bank' for helping mothers towards birth preparedness, with Channel-i for developing and airing a reality show to spread messages on adolescent health and safe motherhood issues and with Pimco for special rates on medical equipment pronouncements. NHSDP will explore more CSR initiatives and partners in the second year. As part of NHSDP's mandates to assist NGOs to become sustainable through generating new income sources, the planning and process for establishing SH pharmacy network is underway. NHSDP plans to pilot the initiative with 15 pharmacies in the second year.

In the area of research, the customer satisfaction study, after evaluating the Request for proposal of six research agencies, one agency was selected by the evaluation committee. Award to the agency is under process subject to completion of NHSDP formalities. Cost-efficiency study will be conducted by Brandeis University once their researchers receive USAID approval. The Financial Sustainability Team is working with the Capacity Building Taskforce to provide technical assistance to NGOs to strengthen their internal control systems. The updated systems will equip the NGOs to plan, manage and report on various types of funding, including program income efficiently.

In order to promote improved healthy behaviors and care seeking practices through behavior change communication/knowledge management, NHSDP initiated five key interventions in the first year of the project. Demand generation of health services through effective communication campaigns linking national to local level stakeholders by adapting innovative BCC approaches and promoting effective use of BCC print and electronic materials in the whole network; capacity building trainings on interpersonal communications and counseling (IPC/C) for the service providers at the clinics and on BCC/Marketing for outreach workers. NHSDP developed an evidence based systematic BCC/KM strategy aligned with GoB and BCWG to support BCC at national, sub-national and local levels. Media advocacy was promoted to establish linkage between communities and SH clinics. The repositioning of the SH brand name and logo with a tagline was finalized to enhance the image of the SH clinics and staff as accountable, efficient, cordial and quality health service providers.

The NHSDP team conducted a baseline capacity assessment of SH NGOs using a desk review methodology, considering taking into consideration the documents of SSFP organizational assessment results and NSDP MOCAT end line assessments. Grounded by the baseline results, a customized roadmap for each NGO has been developed outlining capacity building requirements in relation to pre-determined benchmarks. The defined Institutional Strengthening milestones were linked to pre-award assessments for two selected SH NGOs through the development of a Technical Assistance (TA) plan that cut across all IRs. Moreover, the development of a Transition Plan for the two graduating NGOs has been initiated. In order to select two NGOs for receiving direct USAID awards, NHSDP ranked baseline capacity assessment scores of all of the NGOs and conducted a pre-award assessment of the top six large NGOs having more than twenty clinics -within the SH network. Final selection was documented and approved by USAID. During the reporting period, NHSDP facilitated and organized three meetings with NGO Membership Council (NMC) which were attended by NMC members, Project Directors and NHSDP senior officials.

In sum, NHSDP closely engaged NGOs in decision making processes while recognizing network diversity and emphasizing the balance between financial sustainability and serving the poor and underserved. Strategic partnerships with GOB, other donors and corporations have been initiated in Year 1 and the activities planned in the coming year will offer the greatest potential for synergy with ongoing USAID-funded projects and other partners.

Section I: Annual Progress by Intermediate Results (IR)

IR 1: Client Base Expanded, Especially for the Poor, for a Quality ESP

Sub IR 1.1: Improved access, especially for the poor, to a quality ESP through a cohesive network of NGO static clinics, satellite clinics and CSPs

NHSDP aims to expand quality services on the Essential Service Package particularly for the poor. For planning on expansion, NHSDP focused on providing guidelines to the NGOs and has conducted a rationalization exercise through a consultative process with NGOs. This was a vital step towards refocusing NGO efforts on the delivery of ESP in a cost effective way and balancing its cost recovery and serving poor through subsidization. NHSDP adopted specific strategies for increasing access to maternal, newborn and child health services to assist NGOs to maintain continuum of care both at the clinic and community levels. NGOs were provided a comprehensive 'Surjer Hashi Clinic Management Guideline'. New collaboration were established and some are at the final stage for maximizing access to ESP services particularly LAPM, Maternal, Newborn and Child Health (MNCH) and nutrition services to target population.

A satellite clinic spot in Rajshahi

The rationalization exercise which was conduct in Year 1 and facilitated the prioritization of delivery of ESP, attaining synergy with presence of USAID supported project activities and geographical hard-to-reach area. The findings of this exercise have been reflected in the PBG proposal. One of the three options of rationalization include, increasing segment of target population in the service beneficiary such as, increasing more male clients at the clinics both at the static and satellite, encouraging more adolescent and youth for RH services, including more post menopausal women for services at the clinics etc.

- **Milestone 3:** At least 35% of service contacts qualify as poor within first year of the project
- **Milestone 16:** At least 40% of service contacts qualify as poor by the end of the contact.

As mandated, NHSDP has targeted to reach at least 35% of the total service contracts qualify as poor. NHSDP's criteria and process for indentifying the poor and poorest of the poor (PoP) has been finalized. The definitions and criteria for Smiling Sun Franchise Program (SSFP), BRAC's Ultra poor program, Asian Development Bank (ADB), and working paper of SHIREE (Stimulating Household Improvements Resulting in Economic Empowerment) was reviewed. Based on the review, NHSDP proposed separate sets of criteria for identification of both Rural and Urban poor. The final criteria, process and benefit package for the poor has been integrated within the 'Surjer Hashi (SH) Clinic Management Guideline' and sent to the SH network NGOs for use. The process of strategizing the introduction of health-card through the Performance Based Grants (PBG) has been initiated.

Among the total 32,435,198 service contacts, 36% identified as poor in Year 1

The full time position of Pro-poor Advisor is replaced by a short term consultant who will work to (1) develop a strategy paper on reaching the poor, (2) assess the access barriers by poor and

marginalized populations and prepare guidelines and modules to reach poor. ToR for the consultant has been finalized and hiring process has been initiated.

NHSDP has taken initiative to establish linkages with new innovative models such as maternal voucher scheme to improve equitable access to services. Government is implementing Demand Side Financing (DSF) program in 53 upazilas. Currently, 10 Surjer Hashi (SH) Clinics are enrolled in the program in ten upazilas namely: Tarail, Dewangonj, Debigonj, Tungipara, Khanshama, Daulatpur, Gangni, Ramu, Teknaf and Shajadpur. During Year 1, NHSDP had number of discussions with the DSF program management and advocated for inclusion of nine additional SH clinics in Shibchar, Raipura, Harirumpur, Daudkandi, Baliadangi, Haripur, Matlab North, Charfashion, Sreemongal upazila that are situated in DSF upazilas. Respective NGOs have submitted application through UH&FPOs of the mentioned upazilas as per government procedure.

NHSDP's first 11 months of the year service statistics of the 26 NGOs reflect that among the total 32,435,198 service contacts 36% identified as poor.

Surjer Hashi (SH) Clinic Management Guideline has been revised and submitted to USAID as a deliverable of the year one. During the revision process technical team thoroughly reviewed SSFP's 'Clinical Services Management Manual', consulted with NGO Monitoring Officers, took the views of Clinic Managers and service providers through informal discussion during clinic visits. The draft guideline was shared with the members of NGO Membership Council (NMC) and Project Directors (PDs) for their comments and then finalized. The revised 'Surjer Hashi (SH) Clinic Management Guideline' has comprehensively encompassed the management aspects of the SH clinic as well as the standards for ESP service delivery in alignment with national guidelines and priority areas of NHSDP. NHSDP has revised the preexisting SSFP manual on Quality Management System to incorporate NHSDP focus areas and has designed guidelines for improved quality and supervision through an in-depth consultation workshop with Monitoring Officers of selected NGOs in October 2013. Meanwhile, a monitoring tool named 'Field Visit Checklist' has been developed and field tested to be used to collect information, identify gaps and recommend measures to address the specific issues. Clinical Training and Quality Assurance Specialist (CT-QAS) is yet to be on board. NHSDP will finalize guidelines for improved quality and supervision and support NGOs to continually supervise, monitor, and evaluate clinic operations.

- **Milestone 4:** SH/SS clinic management guidelines are revised
- **Milestone 5:** Clinic management information systems established and data used for program planning and management
- **Milestone 7:** Supportive supervision plan for local NGO partners to support and supervise clinics developed

Revised SH Clinic Management Guideline

Nutrition is an important component of NHSDP's refocused ESP. Limited nutrition services are provided from all SH service delivery points and HMIS reporting collected service statistics only on a few nutrition service indicators for children, pregnant and lactating women in 18 SH clinics that also fall under Feed the Future (FtF) areas. During January to November period 463,635 under five children were provided Vitamin A supplementation, 15,960 children were provided de-worming tablets, 61,565 pregnant and lactating women were provided with 30 Iron folic tablet sand 1,714 newborns were initiated breast feeding within 1 hour of birth in the FtF area.

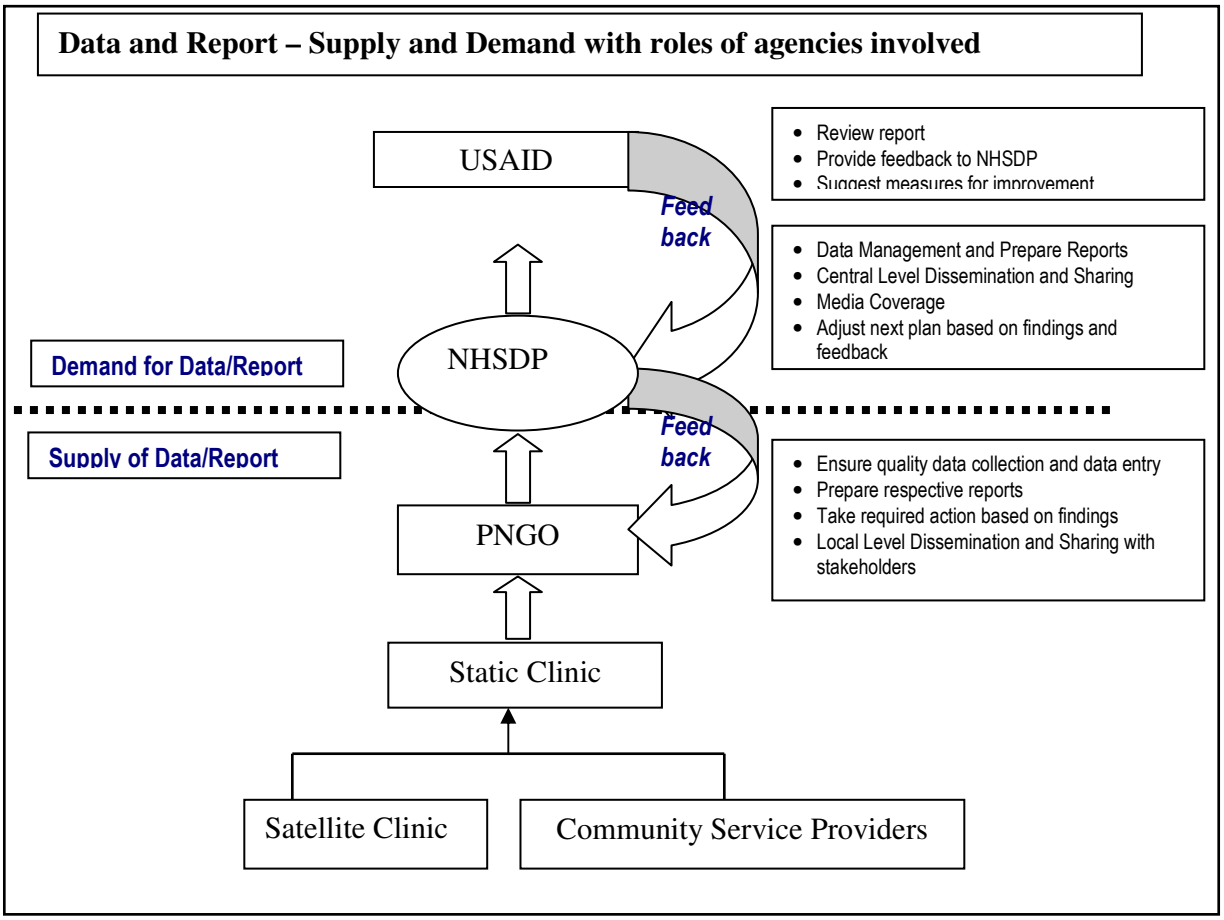
A Core Package of Nutrition intervention has been developed for mainstreaming in SH clinics focusing on the 'Life cycle approach' and '1000-days Window-of-Opportunity.' This package was developed after exploring Government recommended guidelines on nutrition and assessing feasibility of service provision from SH clinics and finalized after sharing with NHSDP's Nutrition Technical Advisory Group (NTAG).

The (since previously mentioned) Nutrition Technical Advisory Group (NTAG) of NHSDP is formed comprising of experts from GoB, other NGOs and stakeholders working in nutrition area. The NTAG is expected to provide nutrition technical advisory support to NHSDP and facilitate its activities across the SH clinics. The first meeting was held on August 2013.

NHSDP has established a number of formal collaborations with both USAID and Non-USAID nutrition projects to leverage their resources and to maximize the access of the vulnerable population to nutrition services. A Letter of Collaboration (LoC) was signed with USAID's SPRING project. A MoU was signed with Concern Worldwide for continuing support to implement urban nutrition component by two NHSDP NGOs, IMAGE and NISHKRITI in Chittagong. Through a MoU signed between Food and Nutrition Technical Assistance (FANTA-III) Project (FHI 360) and NHSDP, FANTA provided training on Infant and Young Child Feeding (IYCF) and Hygiene, piloted identification and referral of acute malnutrition cases and Essential Nutrition Action (ENA) intervention in the *Surjer Hashi* clinics network. During the first year FANTA provided Training of Trainers (ToT) on IYCF and Hygiene to 16 SH Clinic Mangers, Monitoring Officers; trained 1,583 SH service providers (Clinic Managers, Medical Officers, Paramedics, SPs and CSPs) of 50 SH clinics on IYCF in collaboration with Bangladesh Breastfeeding Foundation (BBF). NHSDP plans to roll out the IYCF and Hygiene training to rest of the SH clinics in the second year.

Clinic management information systems program planning and management

In order to developing and implementing a highly effective HMIS to strengthen organizational capacity and decision making, NHSDP has developed a plan for clinic management information system. This new MIS is expected to enable the NGOs to track performance, evaluate quality of program performances in consonance with the targets, explore root causes and plan solutions through a proper feedback system. Since this project covers service data from 327 static clinics, 8,838 satellite clinics and 6,320 community service providers' community distribution services, the complexity of the system is a challenge by itself. From the observation during field visits and discussions with NGO project personnel, a M&E training workshop was designed to explore and enhance program staff skills and M&E capacity to facilitate quality data reporting for the upcoming period. NHSDP identified the gaps in data reporting, report generation and report demand, information use in decision making, data collection process and data presentation. Keeping these gaps in mind, as well as working towards achieving the deliverables, the M&E unit prepared the design, guidance for implementation of CMIS and execution.



NHSDP conducted a baseline situation analysis of all NGOs to assess their current capacity along four dimensions of NGO performance, i.e., institutional strengthening, quality, equity and, coverage/uptake. Though consultation with the SH NGOs and USAID, capacity building roadmaps for all NGOs were developed. An appropriate TA in selected key topics was identified involving all the theme and technical leads of NHSDP head quarter. The planned TA would assist in conducting specific training of NGOs in year 2. Training and capacity building efforts will be instituted using both outside TA and leveraging mature NGOs specific capacity to impart training. Refer to IR 3 for more details.

NHSDP plans to organize competency-based clinical training and refresher training for SH service providers to expand the range of ESP services. Meanwhile, competency based training on LAPM (Norplant) has been provided to 15 doctors FP counseling training to 15 Counselors with support from USAID funded Mayer Hashi project. Training on Strategic Health Communication for TB, and ToT on Programmatic Management of Drug Resistant TB from the National Tuberculosis Control Program has been offered to selected NGO staff from Director General Health Services office. NHSDP has been providing technical assistance to the SH network NGOs through providing a number of guidelines and tools for specific services and innovative approaches e.g., Birth Preparedness guidelines, PNC, ENC checklists etc. NGO specific Technical Leads have been assigned at the NHSDP head office for providing one on one technical assistance and support to the NGOs. NGO paramedics will also be trained on safe delivery practices to help expand home delivery and facilitate referral to the facilities and

- **Milestone 6:** Plan for technical assistance to NGOs developed within one year of contract

home based PNC (48 hours). To build capacity of the NGO clinic staff on gender issues, NHSDP has developed a plan for developing or reviewing Gender Policy of 26 NGOs. NHSDP plans to train and orient NGOs for mainstreaming gender issues, provide ToT on Gender equality and GBV as well as train NGO Clinic Staff on Gender Equitable approaches to service delivery.

- **Milestone-8:** ≥90% of clinics have women-centered services as confirmed by quality assurance checklist

Ensuring gender equality is a key approach across all IRs for successful implementation of health service delivery and strengthening institutional capacity. NHSDP is committed to provide women and girls centered services at Surjer Hashi clinics. In order to develop gender perspective among the NGOs staff two workshops on 'Gender and human rights dimension in reproductive health'. were conducted with NGO Gender Focal Points (newly nominated), Project Directors and representatives of Executive Committee of all 26 NGOs The workshops facilitated the route of promoting women and youth friendly culture in the health delivery system of Surjer Hashi NGO network. BCC messages and materials and some new gender focus messages were reviewed and feedback was provided on gender session modules of the IPC/C and Knowledge Management curriculum for training NGO clinic staff.

NHSDP's two separate strategies on Gender Equity and Gender Based Violence (GBV) have been finalized. A guideline has been developed on 'Women and Girls centered services' to ensure the practices at the NGO level. This is ready to be shared with NGOs for their use. The process of developing a MoU with USAID funded 'Protecting Human Rights (PHR)' project implemented by Plan Bangladesh has been initiated.

The Gender Working Group (GWG) formation process is in its final stage. A gender focal person within each NGO has been identified. The conceptual framework of Gender Training Needs Assessment (GTNA) has been completed. The assessment tool was developed through a field test with NGOs to obtain a better understanding of the existing culture, practice, perception and organizational commitment to establish gender equality at institutional and service delivery levels.

Social Mapping on Gender-based Violence has been conceptualized to explore existing or potential resources for linking the clinics within their locality. The concept note and tools for this social mapping has been shared with 26 NGOs for their comments. Members of Civil Society Organizations (CSO), Community Based Organizations (CBO), garments factories, local secondary schools participated in the extensive social mapping exercise. Findings of this exercise will guide us to enhance access of youth (15-25 years) to reproductive health services. Social mapping on GBV continued into early November 2013 and selected clinics conducted the exercise identifying and exploring existing/potential resources to link clinics with their locality. The mapping exercise aimed to build rapport among SH clinics, GOB & NGO's legal support Institutions and create a network to link GBV victims and access to information and services regarding legal action and health. The purpose of the social mapping is also to guide clinics and the project to increase the number of youth (15-25 years) accessing reproductive health services. Prior to the mapping, a guideline and

Orientation Workshop conducted on Gender and Human Rights Dimension in RH for NGO gender focal persons and project directors, June 2013

implementation in this regard was shared with NGO project directors for dissemination at clinic level. A brief report of GTNA and SM has been developed for planning purposes.

Guideline on Women and Girls centered services has been developed but quality assurance checklist will be developed in consultation with quality assurance specialist of NHSDP. GBV counseling guideline has drafted include significant referral protocol. We have planned to develop networking with One Stop Crisis Centre (OCC) of MOWCA, GOB.

During year one, NHSDP has undertaken following efforts for quality improvement : To understand the context, NHSDP staff visited Static Clinics and Satellites both in Urban and Rural areas; held discussion with PDs, CMs , MIS and Monitoring Officers during NGOs' Quarterly Review meetings; conducted multiple consultation workshops with Monitoring Officers (MO), Clinic Managers and Project Directors; Evaluated Monitoring Officers' knowledge, roles and responsibilities through a self-assessment questionnaire; reviewed the tools currently used for quality monitoring; compiled MOs' recommendations for quality improvement; reviewed SSFP's "Clinical Services Management Manual", " revised the "Surjer Hashi Clinic Management Guideline", which is a comprehensive guideline for NGOs focused on quality delivery of ESP components and updated the clinical services protocol aligning with national/GoB's standard guidelines and protocols; developed "Field Visit Checklist" for which field test has been done and the findings have been shared with NGOs; developed guidelines on ANC, Birth Preparedness, PNC (48 hrs) and ENC (72 hrs) which are now being used by NGOs. The aforementioned activities have laid the groundwork for continuous quality improvement.

- **Milestone-9:** ≥60% of clinics implement a continuous quality improvement (CQI) plan

As a part of the quality assurance initiative, the Environmental Monitoring and Mitigation Plan (EMMP) guideline has been developed and submitted to USAID. After clinic visits (along with USAID personnel) it was determined that the clinics needed to perform a more thorough in-house assessment. The next steps are to generate self-assessment tools that the NGO's and clinics will be able to use to evaluate current situation and gap analysis. This tool is expected to be completed in the beginning of the second year.

Couple-years of protection (CYP)

NHSDP is developing strategy for increasing CYP by extending and emphasizing activities at both national and community level through some selected approaches. NHSDP has undertaken approaches to increase its contraceptive acceptors and thus increasing CYP achievements. These initiatives include, registration of eligible couples in the catchment area of all SH clinic with support from community service promoters (CSPs) such as age of the couple, number of children and status of use of FP (method) were collected and documented. NHSDP has extended continued support to the NGOs (1) to maintain sustainable supply of FP commodities to the SH clinic from FP office of government (2) to maintain communication with government FP sector to minimize discontinuation of FP methods and (3) to establish continuous communication with individual couple specially who is using LARC such as IUD and implants. SH clinic also worked on implementing area specific activities to fulfill the unmet need of FP. Advocacy and sustainable communication was maintained with DGFP through Director-IEM and Director-CCSDP and the DGFP was very much supportive. For

- **Milestone-10:** ≥25% increase in CYP from baseline

Couple-years of protection (CYP)
The CYP is the estimated protection provided by FP services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.)

example, there was a problem at local level of supply of FP commodities in the Iswardi SH clinic under Pabna district, NHSDP communicated with Director-CCSDP & IEM, and the problem was solved on emergency basis.

At the community level, clinics complete appropriate registration of eligible couples by CSPs and identify couples who need family planning. CSPs inform them about birth spacing and limiting through the concept of healthy timing and spacing of pregnancy (HTSP). Additional trainings will be given to the counselors on suitability of method according to the status of the couple. Clinics will a) identify the population with high unmet need for family planning and will ensure availability of appropriate services and supplies for them; b) ensure that appropriate job aide materials for BCC and counseling for appropriate target groups are available, c) keep track of continuation or discontinuation of FP methods by couples and their needs to switch to other suitable method(s) (emphasis LA/PM but ensure informed voluntary choice) through mobile phone and/or regular home visits. NHSDP developed a tool to help the NGO clinics to conduct self-assessment of the CYP services at the Surjer Hashi Clinics. This tool is expected to help NGOs to enhance clinic level planning to access more family planning clients.

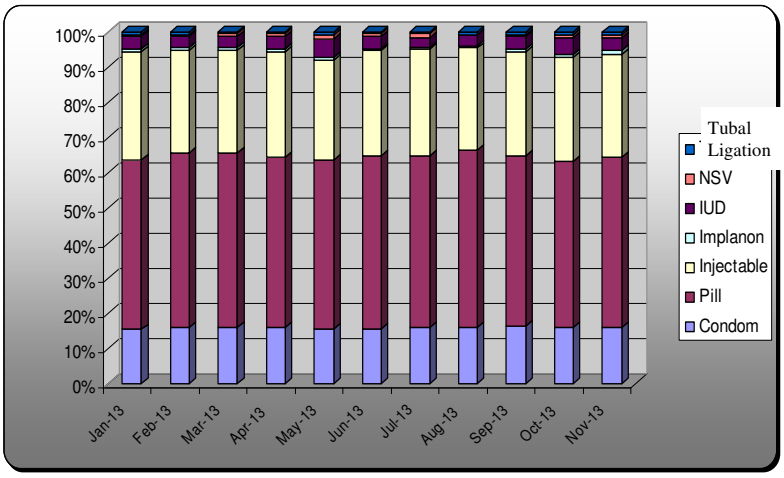
At the national level, NGOs will a) work with the national level family planning managers to obtain support at the district level, expedite DTC approval and renewal for SH clinics; b) ensure regular supply of logistics from government according to need of the clinics and c) ensure collaboration through involving government officials in the NGO annual planning process, timely submission of reports on FP methods to the Government. NHSDP helped and will continue to help NGOs to solve their district level problems or bottlenecks to reduce the gap between demand and supply of services.

NHSDP has achieved CYP 1.2 % higher than its first year target

CYP achievement target for NHSDP in 12 months was 1,583,549. In 11 months, NHSDP has achieved 1,465,219. NHSDP expects to meet or surpass its target: if we add 137,494 CYP (equivalent to the November achievement) with 1,465,219 it will total 1,602,713 for the year, which is 1.2 % higher than the target CYP.

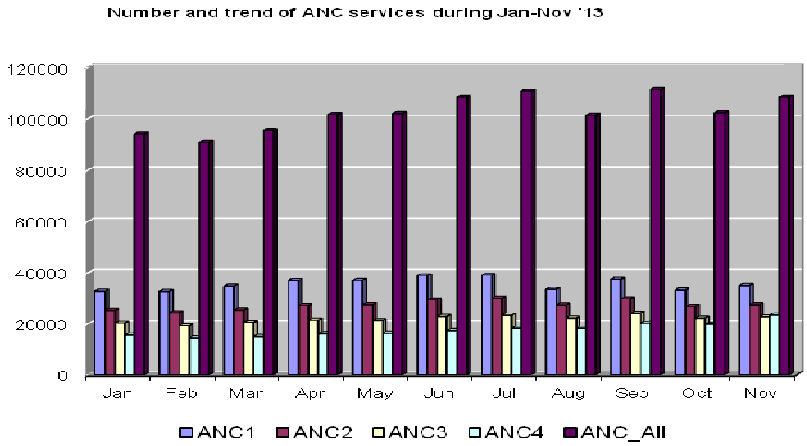
Contraceptives utilization and CYP in NHSDP (from January to November, 2013)

Month	Condom	Pill	ECP	Injectables	Implanon	IUD	NSV		CYP
Jan	2,493,870	973,898	85	166,223	477	1,014	66	72	134,920
Feb	2,447,155	962,220	75	150,296	364	896	45	74	128,697
Mar	2,475,110	971,712	106	152,534	348	949	70	46	130,289
Apr	2,526,959	965,023	47	159,036	373	989	83	53	132,404
May	2,559,033	974,589	53	155,172	456	1,588	105	92	136,099
Jun	2,497,141	973,009	79	156,770	328	1,067	48	58	131,979
Jul	2,566,415	987,181	122	163,090	276	868	93	56	134,597
Aug	2,467,210	959,246	75	148,338	234	908	19	66	127,465
Sept	2,649,439	985,970	168	161,196	408	1,050	57	86	135,826
Oct	2,582,561	963,374	94	159,010	508	1,459	73	78	135,448
Nov	2,639,202	1,000,684	152	160,811	481	1,154	84	75	137,494
Total	27,904,095	10,716,906	1,056	1,732,476	4,253	11,942	743	756	1,465,219
CYP	232,534	714,460	53	433,119	10,633	54,933	9,659	9,828	1,465,219



SH Clinic's contraceptive mix reflects that CYP is mostly dependent on pills, followed by Injectables and condom supply. Acceptance of IUD, NSV and tubectomy is very low which yields highest CYP.

This year more emphasis was given to ensure informed voluntary choice and proper use of a Tiahrt-compliant contraception methods chart. With technical support from USAID-funded Mayer Hashi project service providers received hands-on training on LAPM. NHSDP shares and disseminates its activity report and achievements in FP method acceptance with the Government, Donor, and other stakeholders on a regular basis.



During January to November 2013, NHSDP-supported SH clinics provided a total of 36,333,970 services of different categories. Overall 61% were rural and 39% were urban. Out of those 10% were for maternal health, 35% for child health, 37% for family planning, 14% were for other health and 4% for non-ESP services like ambulance services etc. Out of total 3,693,490 maternal health services, including ANC, Delivery services, PNC and referral, 44% were in urban areas and 56% were in rural areas. Total number of deliveries by SBA among all SH clinics in 11 months were 22,439. Of those, 3,418 (15%) were home deliveries and 19,021 (85%) were facility deliveries. Of the facility deliveries, 33% were C sections and 52%, were normal deliveries (Service statistics from January – November, 2013).

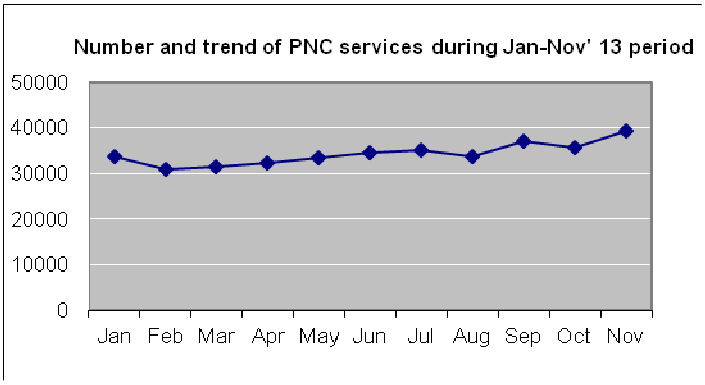
Three new vital clinics have been established in Rangamati and Khagrachari, as a result for expansion of the maternal health services. Two of them have already started providing home delivery services. Currently out of 330 SH clinics, a total of 129 clinics provide delivery services; of these only 52 provide facility services and of these only 7 clinics provide both facility and home delivery.

- **Milestone 11:** ≥30% increase in delivery assisted by SBA in targeted communities from baseline (Note that this will increase in Year 2 to 35%).

During the reporting period, ANC, delivery and PNC services has shown an increasing trend. NHSDP strategy and the operational guidelines for increasing use of SBAs are in the process of development.

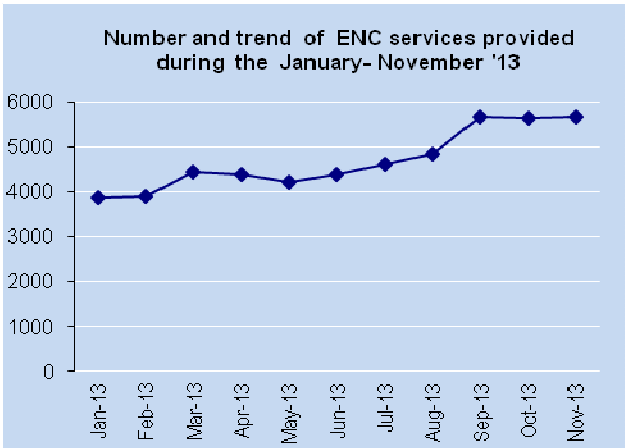
Through rationalization process the NGOs have planned expansion of additional vital clinics and geographical areas for expansion of home delivery services. Vital clinics have been identified for upgrading to EmONC and setting up of new EmONC clinics for increasing use of SBAs both in urban and rural areas. Revision of the Operational guideline has been completed along with the SH clinic management guideline.

For increasing the access to maternal health services by poor and underserved population NHSDP took initiative to establish a formal collaboration with the GOB's **RCHICB/**Community Clinic (CC) project through an MOU. MoU has been finalized in discussion with CC project and will be signed soon. This MoU will assist in establishing functional linkage between Community Clinics and Surjer Hashi Clinics for extending services to the community especially for the poor. Under this MoU CC project and NHSDP will work in 9 districts, and will provide quality maternal & newborn health care services. In coordination with Community Clinic Management Committee (CMC) and Community Support Group (CSG) of Community Clinic, NHSDP's, Surjer Hashi Community Support Group (SHCSG) will work to ensure and strengthen the bilateral referral linkage in and out of the catchment area and will increase the service as per infrastructure of both clinics. As per need one or more Satellite Clinic of SH can be conducted in the CC with all logistical and manpower support of SH clinic. NHSDP will also coordinate with the local government body and the community to support the synergistic MNCAH services of the CC and SH clinic.



- **Milestone 12:** ≥30% increase in number of newborns born in supported clinics receiving immediate newborn care from baseline by end of contract

To provide skilled attendant at birth for improving the quality and increase access to maternal health services NHSDP has planned to make a three week long skill based clinical training on ANC, Safe Delivery, PNC and Essential Newborn Care (ENC) available for the NGO paramedics of those NGO clinics who are currently providing safe deliveries at the facilities and at home using the SMC's safe birthing kits. These paramedics will also be able to identify the complications and provide appropriate referrals. The training will also orient the paramedics on the concept of continuum of care and birth planning during ANC 3 and 4.



NHSDP's strategy and operational guideline for increasing the use of newborn care services' has been developed. The strategy is aligned with the priority actions of GoB's 'Promise Renewed' declaration, as well as the 'National Neonatal Health Strategy'. While developing the strategy and operational guideline service delivery capacity of SH clinics was also taken into account. For ensuring proper ENC service delivery by the CSPs and other service providers a checklist and guideline has been developed and provided to the NGOs.

Uptake of Essential Newborn Care (ENC) services has increased over the last 11 months period (January to November). A total of 51,647 ENC services have been provided from the SH clinics.

For milestone 13 (≥30% increase in # of childhood pneumonia cases treated with antibiotics by training facility/ community worker from baseline), NHSDP will finalize strategy for increasing uptake of ARI services by children; develop operational guideline for increased uptake of ARI services for under five children; print strategy and operational guideline for increasing uptake of ARI services by children; provide orientation to NHSDP and NGO PD's/ CM on the guideline; continue to conduct BCC activities at community level (by SP, CSP) and counseling (by counselor) at clinic level for early identification of danger signs, and timely referral; and continue to provide community and clinic-based services for ARI (IMCI) among under five children. NHSDP's strategy and operational guidelines for increasing uptake of ARI treatment services by children age under five years has been developed. Pneumonia cases among children under five treated with antibiotics remain relatively stable over the eleven months period.

- **Milestone-14:** ≥25% increase in number of youth (15-25 years) accessing reproductive health services
- **Milestone-15:** ≥20% increase in clients that respond favorably to provider-patient interaction by the end of the contract.
- **Milestone-17:** ≥25% increase in annual service contacts from baseline at NGO partner clinics by the end of the contract.

Plans for developing strategy and operational guideline for youth (15-25 years) accessing reproductive health services has been shifted to Year 2. This indicator has been incorporated in PBG.

Social Mapping on Gender based Violence has been conducted at divisional level. Workshop with participants from School teacher, District & Upazila level government official, School management Committee, local elite and guardian to create gender responsive has been shifted to Year 2. Promoting access to SRH information and services for youth through clinics, e.g., information/ counseling and linkages to youth empowerment programs in the community will be initiated after developing the strategy, i.e., in Year 2.

NHSDP has initiated works towards Capacity building for interpersonal communication (IPC) and counseling through training of service providers on IPC and counseling. NHSDP will implement a system for monitoring client satisfaction in Year 2.

Expansions approved under PBG during 2014:

- 10 Satellite clinics
- Additional Static clinics
  - 10 in Urban areas
  - 14 Static clinics in rural areas
- 346 CSPs to be recruited
- 44 SPs to be recruited
- 9 EMoC service expansion
- Geographic area expansion:
  - 3 in urban areas
  - 7 in rural areas
- 8 Lab Services
- 1 X-ray plant
- 6 ultrasonograph machines

Over the last 11 months during January to November 2013, the total service contacts have increased from 2,809,396 to 3,177,371 which is an 11% increase. Review of increase by types of services shows that there is a 9% increase in family planning service contacts, 9% increase in maternal health service contacts, 6% increase in child health and 9% increase in other health services.

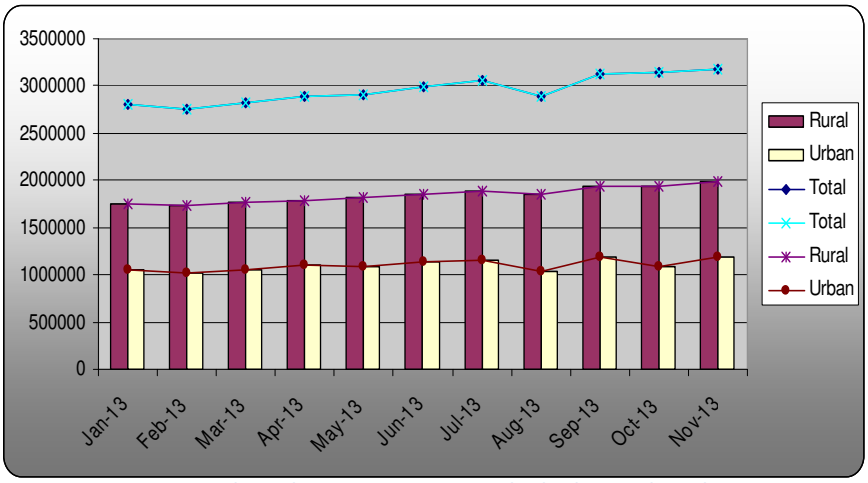


Figure 1: SH network total service contacts reached urban and rural areas

During this period, an additional 3,898,772 contacts have been reported for NID immunization contacts, including vitamin A, De-worming and Rubella vaccine). The figure below illustrates month-wise service contacts by urban and rural locations.

To further increase service contacts, NHSDP has implemented the rationalization exercise, re-distribution and expansion plan for SH services areas, number of clinics (satellite and static) and number of SPs and CSPs in both urban and rural areas.

The findings of the rationalization exercise have been fed into the PBG to help effect service expansion and thus increasing contacts. Based on this exercise, NGOs will establish new satellite and mobile clinics offering additional services focusing on underserved areas, and expand the number of CSPs as required and reach the poor and other intended beneficiaries.

NHSDP has also facilitated expansion of ESP referrals among the poor and underserved through SMC's network of informal community providers, including drug sellers, TBAs and Blue Star Providers. NHSDP would establish learning agenda to share BPs and lessons learned.

Sub IR 1.2: Strengthened partnerships and coordination with GOB authorities and other USAID-supported projects

In year one, NHSDP has identified the clinics and prepared the list & identified areas for maximum impact and engage USAID and GOB stakeholders. With guidance of NHSDP community mapping was done in all most all SH clinics to mobilize community as well as extract information essential for planning activities for ESP interventions especially for the poor. NHSDP has assisted the NGOs in developing clinic-wise updated practices and plans in coordination with local health authorities. Complete report on coordination mechanism has been submitted to USAID. A number of existing GoB policies and guidelines on MNCAH-FP and nutrition have been collected and action have been taken to adapted the policies as complete the FWA household register in areas not covered by FWAs. NHSDP has already communicated and advocacy with MIS of DGHS and DGFP to incorporate the performance of SH clinic into the government MIS and they supported the proposal and government committed to take necessary action after reviewing the NHSDP's M&E system and reporting format. NHSDP had official meetings with Secretary and Additional Secretary of MOHFW and Secretary of Chittagong Hill Tracts (CHT) and made them aware on activities and coverage of SH clinics. NHSDP also had advocacy with MNCAH-FP & Nutrition related Line Directors of DGHS & DGFP, and due to effective advocacy the FP commodities and EPI vaccine are being supplied to the SH clinics sustainably and it improved coordination with public facilities. On the other hand, MoHFW and NHSDP agreed to formulate an "**Advisory Committee of NHSDP**" under the Government's leadership with secretariat at NHSDP and

involving other related ministries & USAID funded projects and other INGOs. Annual work plan of NGOs have been developed with coordination of local health & FP authorities and referral system of ESP intervention guideline developed and will be shared with all concern soon.

In year one, NHSDP has identified the clinics and prepared the list all clinics to be supported in the program agreed by GOB authorities, NHSDP, NGOs and USAID. This list of clinics was developed based on transitional pre award assessment and was utilized in awarding NGOs with transitional grants. Based on the findings of the rationalization exercise, the list was further modified. NHSDP has also identified areas for maximum impact and engage USAID and GOB stakeholders. NHSDP has cultivated partnerships and linkages through signing MOUs with other USAID health projects, e.g., FANTA and other complimentary projects, and livelihood and food security initiatives (USAID's SPRING project, refer to Section III: Cooperation and Collaboration with Other USAID and Non-USAID Funded Activities).

- **Milestone 18:** List of all clinics to be supported in program agreed by GOB authorities, Contractor, NGOs and USAID
- **Milestone 19:** ≥90% of clinics have community maps

Community mapping exercise was an important step to mobilize community as well as extract information essential for planning activities for ESP interventions. During Year 1, specific guidelines on Community Mapping process, methods, management and preparation of detailed action plans were developed and NGO PDs were oriented through a half-day long workshop. The basic questions were resolved during the orientation including why community mapping, objectives, and types of information need to be incorporated in the map etc. The NGOs have conducted the community mapping exercise at their respective areas and majority of them have submitted the complete reports to NHSDP. Based on those, a compiled Community Mapping report has been submitted to USAID.

- **Milestone 20:** Mechanisms of coordination (e.g., periodic meetings, MOUs) with local health authorities established at all clinics

NHSDP assisted the NGOs in developing clinic-wise updated practices and plans in coordination with local health authorities. Complete report on coordination mechanism has been submitted to USAID. From this exercise, feasible mechanisms of continuous coordination will be established. Meanwhile, the current coordination mechanisms will be adhered to. A number of existing GoB policies and guidelines have been identified and collected. Other such materials will be regularly collected. These policies and guidelines will be shared at an appropriate opportunity.

In this year NHSDP has given much emphasis on coordinated effort with Government to implement MNCAH-FP services to the community, especially for the poor from Surjer Hashi Clinics.. The Government has been pleased that NHSDP supported government efforts to the extent possible, for example, by using SH CSPs and other resources to complete the FWA household register in areas not covered by FWAs.

NHSDP has explored opportunities for aligning the project's MIS with the Government of Bangladesh's (GoB's) MIS and LMIS, and implementing a monitoring system for improving care-giving and client satisfaction. NHSDP has already communicated and advocacy with MIS of DGHS and DGFP to incorporate the performance of SH clinic into the government MIS and they supported the proposal and government committed to take necessary action after reviewing the NHSDP's M&E system and reporting format. DGFP and DGHS suggested identifying a strategy on incorporation of SH clinic's

performance into the directorate's MIS in most feasible way so that the information would be collected from field level (both rural & urban) to national level and be incorporated into the MIS of Government.

In this year NGOs participated in GOB planning, e.g., micro planning for EPI, NID and activities on FP. NHSDP also participated in the national planning for EPI and NID, and instructed the NGOs to observe the NID as per national guideline and monitor the activity through "NID Checklist" developed by national Expanded Program on Immunization (EPI). Following the government plan and guidance, SH NGO network was also closely involved in the observance of international public health awareness events such as World Health Day, Safe motherhood Day at both national and community level, towards greater visibility and community involvement.

- **Milestone 21:** ≥90% of clinics have annual work plan developed in partnership with local GOB authorities
- **Milestone 22:** ≥90% of clinics have documented referral systems
- **Milestone 23:** ≥90% of clinics submit timely reports to MOHFW authorities on quarterly basis
- **Milestone 24:** ≥80% of clinics' staff/ associated community group members participate in GOB local-level planning

The NGO coordination mechanism for collaboration with the Government and other major stakeholders was a deliverable of this reporting year. An outline of the collection of information on the collaboration was shared with the NGOs to document the coordination mechanisms. The outline included name of the event/meeting, frequency, date of participation, organizer, venue, and means of verification. The report on the coordination mechanisms was submitted to USAID.

Government- national level coordination

NHSDP had official meetings with Secretary and Additional Secretary (PH&WHO) of MOHFW and Secretary of Chittagong Hill Tracts (CHT) and made them aware on activities and coverage of SH clinic in all over Bangladesh. NHSDP also had official meetings with Director, PHC & LD-MNCAH of DGHS, Director, MCH & LD-MNCAH and Director, Administration & LD-CCSDP of DGFP for accelerating close collaboration and coordination with government health and FP services. During the reporting period

- Government continued the support to the SH clinics in sustainable supply of EPI vaccine and FP logistics;
- NHSDP strengthened and synchronized MNCAH-FP services of SH clinics and collaborates with UHC, UH&FWC, Union Sub-Centre, and a special emphasis to community clinics. Effective advocacy and communication was done with GoB's Community Clinic Project and a MOU has already been finalized that will be signed soon.
- MoHFW and NHSDP agreed to formulate an "Advisory Committee of NHSDP" under the Government's leadership with secretariat at NHSDP and involving other related USAID funded projects and as well as other INGOs. The Advisory Committee will provide strategic direction to NHSDP for accelerating ongoing MNCAH-FP services with special emphasis to poor and increasing cost recovery of SH clinic. The draft TOR of the committee has been developed. Secretary of MoHFW called a preliminary meeting to discuss on the issue on 26 November, 2013 but due to political situation of the country and suggestion of USAID this meeting was postponed. NHSDP has requested MoHFW to call the meeting as early as possible.
- With close collaboration with Ministry of CHT more user friendly and women centered services will be expanded in the hilly areas of Bangladesh. Secretary, Ministry of CHT committed to support the SH clinic activities at his end.

NGO clinics have annual work plan developed in partnership with local GoB authorities' was another deliverable for this year. Work plan includes the process of engaging GoB authorities, particularly in the areas of technical content, e.g., health care services for child and mother, maternal and childhood EPI, maternal and childhood nutrition, control of diarrheal disease (CDD), acute respiratory infection (ARI), integrated management of childhood illness (IMCI), adolescent/youth, antenatal care (ANC) and postnatal care (PNC), safe delivery, family planning, sexually transmitted infection (STI)/ reproductive tract infection (RTI)/ TB/ malaria, laboratory services, ambulance services; communication process, e.g., training/capacity building, behavior change communication (BCC)-process, methods, materials, media involvement, community mobilization process and methods, day observance process and methods, coordination/collaboration; monitoring/supervision, data collection and management, coordination/ collaboration with government and report submission. NGOs submitted their clinic-wise annual planning report to NHSDP. Those reports were analyzed and final complied report has been submitted to USAID.

Through the community mapping exercise SH clinics have collected data on referral to the facilities for different services eg. MNCH, Nutrition, and GBV. Using this information NGOs will develop a referral directory for respective clinics containing information on GoB health facilities, NGO clinics other than SH clinics, private clinics, private practitioners, ambulance services, OCC etc that are available in their area. NHSDP has developed a guideline for referral system including standardized referral form with tear-off sections, use mobile technology to enhance the system that will be shared with NGOs soon. It is expected that these initiatives will strengthen the excising referral system of SH clinics and contribute in ensuring continuum of care to the clients.

Relevant components of NHSDP's HMIS have been harmonized with the GoB reporting requirements. NHSDP supported clinics regularly submit EPI, LAPM, FP logistics, IMCI, TB (where applicable) reports to the MOHFW authorities.

NHSDP facilitated participation of NGOs and community in GOB planning, depending on the specific opportunity available at the local level. Learning agenda are identified through various assessments, workshops, and field visits. These all would be consolidated and selected depending on appropriate opportunities. *Refer to Sub IR 2.2 for details on Surjer Hashi Community Support Group (SHCSG)*

Sub IR 1.3: Enhanced sustainability of ESP delivery through innovative financing structures

- **Milestone 25:** Rational cost-recovery and program income expenditure plan is developed and submitted for each NGO and approved by USAID
- **Milestone 27:** Updated ESP costing study conducted

In Year 1, NHSDP submitted the Cost-Recovery (CR) plans for NHSDP NGOs as part of the Performance-Based Grant's approval process, which have been approved by the USAID. NHSDP offered group workshops and technical support via one-one meeting on rationalization before preparing the CR plans. Simultaneously, a customized cost recovery plan for one NGO has been prepared by NHSDP's staff, upon reviewing and analyzing financial and non-financial data from each clinics of that NGO. To support NGOs, as per contractual agreement, in developing their own tailored CR plan, NHSDP prepared a guideline. The plan prepared by NHSDP for one NGO will be used as an example. In 2014, NHSDP will offer additional technical assistance to NGOs to develop the plan via workshops.

As for the research work, for the Customer Satisfaction study, after evaluating the proposal of six research agencies, one agency was selected by the evaluation committee. Award to the agency is under process subject to completion of NHSDP formalities. Cost-efficiency study will be conducted by Brandeis University once their researchers get USAID approval. Financial Sustainability Team is working with Capacity Building Taskforce to provide technical assistance to NGOs to strengthen their internal control systems. The updated system will equip the NGOs to plan, manage and report on various types of funding, including program income efficiently.

In Year 1, a customized cost recovery plan for Jatiya Tarun Sangho (JTS) has been prepared. In the process of preparing this customized plan, the NGO's financial and non-financial data has been analyzed, such as:

- Historical financial data of last 5 years (2009-2013) to identify the biggest cost drivers in the operating expenses and understanding the trend of where the NGO is going in achieving its target;
- All 27 clinics of JTS program income has been broken down into ESP components and analyzed to see which part of the ESP has performed well in terms of generating income and which ESP components have performed poorly over the period. Another section analyzed is in which areas the NGO are losing money and where it has opportunity to generate more income;
- Service statistics of four years (2010-2013) has been analyzed to assess the trend in services and these were compared to the services with revenue earned from each service, thus identifying the low and high performing ESP components.

This tailored plan has addressed the need of this particular NGO that will help enhance its Program income, also while identifying its external threats and opportunities to grow.
In addition, a generalized cost recovery guideline has been prepared and will be sent to NGOs which will help each of the NGOs to plan and manage their program income in such a way that will ultimately lead to increased cost recovery.

The following table presents the status of the planned studies:

Study /Assessment	***Current Status***
ESP Costing study	Brandeis University is the lead for this study. The Study will begin once their subcontract is finalized
Customer Satisfaction study within Surjer Hashi	In order to assess/evaluate the technical and cost proposal submitted by Research Agency, an evaluation committee was formed which was comprised of Senior Manager, Business development, Health Financing Advisor and Manager-Research from NHSDP and Research Manager from SMC. The committee evaluated the total proposals in terms of technical competency, overall understanding of the proposal (SOW), Methodology (including sampling plan), Data collection/analysis plan, quality control mechanism and cost reasonableness. The proposal of Nielson Bangladesh Ltd. was suggested to be most suitable. Award to Nielson is under process subject to completion of NHSDP formalities.
Willingness to pay (WTP)	In order to assist Brandeis with its WTP study, NHSDP staff (FST) finalized a FGD guideline; conducted 4 FGDs at Mohonpur and Paba in Rajshahi division. The purpose of the FGDs was to provide input for developing the WTP survey, specifically, to asses, • Communities' preferences, perception of quality • Willingness & ability to pay for current and additional services • Decision making roles of the women on seeking care and paying for it.

	The team presented the findings to all NHSDP staff.
Secondary analysis of SSFP data: - Demographic Analysis - Market survey using Discrete Choice Experiment(DCE)	- HFG, Abt Associates completed first draft of their Demographic Analysis of the SSFP data, collected by Measure Evaluation. This analyses provide information about the care-seeking behavior of the potential and existing beneficiaries of SH clinics - JPGPHS of BRAC University is conducting the market survey with an object to identify which health service attributes are most likely to influence demand for services for NHSDP NGOs in order to maximize client inflow.

MOCAT assessment is planned for early 2014. A baseline situation analysis of NGOs was conducted by 10 IS capacity areas based on the previous assessments during SSFP and NSDP. NHSDP planned to do complete MOCAT assessments in 2014 through direct field visits using revised MOCAT tool, for which draft has been prepared. NGOs' internal control system is linked to financial pillar of MOCAT under 3 components (financial management, cost consciousness and revenue stability). MOCAT is an annual assessment tool and it would be used in 2014, 2015 and 2016 respectively as per technical proposal (p-19), which is a monitoring tool of tracking IS component under IR 3.

NGO partners internal control systems are working or not will be monitored by MOCAT to track the progress. Here, the focus of the milestone is to establish the internal control system so that NGOs can plan, manage and report on various types of funding including program income, CSR, Community financing, other donors funding, etc.

- **Milestone 28:** NGO partner internal control systems established to plan, manage and report on various types of funding, including program income.
- **Milestones 26, 29, 30 and 32:** 25% of costs recovered through program income and other sources (e.g. leveraging, donations, grants)

To establish income generating activities, NHSDP plans to establish a pharmacy network, for which the following are being contemplated: (i) set criteria for selection of NGOs for the pharmacy network pilot; (ii) conduct consensus meeting with selected NGOs on contribution, commitment, and requirements to 'Pharmacy Network'; (iii) identify and engage 'pharmacy' consultants and start initial discussion for preparatory work of setting up standard pharmacy model; (iv) work out a strategy paper on implementation of the Pharmacy Network model; (v) interact with Corporate clients for funding 'Pharmacy Network' establishment; (vi) establishment/renovation of 15 pharmacies for pilot; and (vii) conduct drug seller training. Expansion of SH pharmacies and other new business initiatives will be transferred to a separate business unit 'SH business cell', to be formed in year 3 of the project, which would act on behalf of NGOs and undertake new business ventures for generating more income.

New Business Initiatives: The Pharmacy Network

One of the mandates of NHSDP is to assist NGOs sustain ESP delivery through generating new income funding streams. Year 1 of the project conducted brainstorming discussion with NGOs on 'new income generation' and came to a consensus on establishing pharmacies as a starting venture. The objective is to increase program income of an NGO/Clinic through profits earned from establishing a network of profitable pharmacy outlets under the SH umbrella with standardized product offerings, prices and service guidelines with common signage and advertising and promotion to create awareness and generate more customers.

The first year laid most of the preparatory work including collection of information on the current states of pharmacies at the clinics, development of criteria for selection of NGOs and clinics for the first phase of implementation, visiting NGO clinic sales outlet, commercial pharmacies and blue star pharmacies in Dhaka and holding discussion with medical representatives and pharmacists for understanding pharmacy business requirements and costing, meeting the drug administration authorities to understand pharmacy registration/legal procedures etc.

SH network pharmacies would be staffed with two qualified pharmacy staff with at least one female, most probably a paramedic, to cater to female and adolescent customers and to provide services such as pressure checks, blood sugar tests, pregnancy tests, measure weight, height, provide injections etc. They would be open for longer hours of operation, beyond clinic hours, so that they can cater more customers including working clientele. SH network pharmacies to have a wider medicine portfolio, with possible inclusion of general health products and toiletries to attract a larger clientele. They would serve as referral for clinic services and offer special discounts on drugs to customers bringing prescriptions from the SH Clinic. Similarly, the network outlets would refer clients on every opportunity to the nearby SH clinic. SH pharmacy network would be enterprising in nature, following a business model that will help cross-subsidize services by generating additional revenue.

For this milestone, NHSDP planned to develop a strategy paper on Corporate Partnership); provide CSR training to NGO personnel; hold interaction with corporate clients for funding and partnerships; sign MoUs with corporate clients; and facilitate implementation of collaborative initiatives.

Corporate Partnerships

Partnership with corporate bodies is one of the strategic collaboration categories under NHSDP, in addition to collaboration with USAID and non-USAID projects, and collaborations with the Government and its agencies. The mission of corporate partnership is to establish and strengthen strategic partnership with for-profit private sector, multinational companies, for leveraging financial and non-financial support for Surjer Hashi NGOs.

- **Milestone 31:** Strategic partnerships with key corporate partners established

A majority of the MOUs with Pharmaceutical companies for purchasing drugs at a discounted price expired at the end of March 2013 (a few expired even earlier). In the first quarter, MoUs were extended through June 2013. Meanwhile, NHSDP negotiated with pharmaceutical companies and succeeded in getting very special prices than in the earlier MoU. For the first time in SH network, MOUs were signed between all SH NGOs under and ten pharmaceutical companies for a period of 4 year with renewal on a yearly basis. NGOs direct involvement will facilitate the process of NGO independence along with the newly developing pharmacy network. Around 4,390 drugs and pharmaceutical products were added to the portfolio. NHSDP has made the pharmaceutical MOU's a strategic partnership as opposed to a vendor-buyer relationship, in earlier phases.

NHSDP signed a MoU with Channel-i, the largely viewed Bangladeshi channel, for a reality show program “Shorno Kishoree” with the motive to spread messages on adolescent health and safe motherhood issues and thereby enlighten the adolescent and youth. *See Section III for more details.*

An agreement was signed with RFL, the leading plastic manufacturer in Bangladesh, for making ‘Mayer Bank’ at discounted rate as part of their CSR activity. Mayer Bank is a saving bank for helping mothers towards birth preparedness that will help to reduce two of the three delays which can be a life saving

intervention for the mother and newborn. Again, this initiative is closely linked to ensuring ANC visits at Surjer Hashi clinics, thereby ensuring the continuum of care. As of December 2013, a total of 25000 pieces of Mayer Bank has been produced and the rest production is ongoing.

NHSDP has negotiated with Pimco, a leading local vendor in medical supplies, for a significant price reduction in the costs of ultrasonograms, EKG, and printers with extended warranties, training, and service, so that NGOs could avail better facility/offer on procurement of medical equipment. Meetings and discussions are currently been held with Square Toiletries Ltd, Reckitt &Benckiser, ACI Bangladesh and others for identifying areas of collaboration.

NHSDP signed MoUs with 10 pharmaceutical companies to offer best prices for SH NGOs

IR 2: Optimal Healthy Behavior Promoted

NHSDP envisions an empowered community with household level knowledge to practice model health behavior facilitated by the Surjer Hashi service delivery network. This promotes improved healthy behaviors and care seeking practices through behavior change communication/knowledge management and engaging community in promotion of healthy behaviors and care seeking practices.

Sub IR 2.1 Healthy behaviors and care seeking practices improved through behavior change communication and knowledge management

In order to attain these objectives the project has emphasized on following five key interventions under Sub IR 2.1:

- Demand generation of health services through effective communication campaigns linking with national and local level stakeholders by adapting innovative BCC approaches for NGO clinics and their community and promote effective use of print and electronic BCC materials in the whole network
- Capacity building on IPC/C for in-clinic service providers and BCC/Marketing for outreach workers to have a group of skilled staffs for implementing BCC interventions by organizing clinic/community level events and establish link with constituent communities and its networks.
- Develop an evidence based systematic BCC/KM strategy aligned with GoB and BCWG to support BCC at national, sub-national and local level
- Promote media advocacy to establish linkage of community with SH service delivery network facility
- Re-positioning of the SH brand name and logo to create a substantial emotional values over the existing SH logo and positioning the brand with an enlightened image of the Surjer Hashi as an accountable and efficient health service provider to act as a cordial and quality caregivers through print, electronic and social media both at national, regional and local level.

Milestones:

- Milestone 33: BCC Materials (e.g. print messages, radio spots developed/adapted from BCWG identified best practices and resources
- Milestone 34: ≥70% of clinics have at least one service provider trained in IPC/C to include BCC messages while counseling on ESP interventions
- Milestone 35: BCC strategies harmonized across communities and health facilities and with other USAID projects
- Milestone 36: BCC strategies harmonized across communities and health facilities and with other USAID projects

Deliverables

During the year under Sub IR 2.1 following deliverables have to be achieved:

- BCC materials (e.g. print messages, radio spots) developed/adapted from BCWG-identified best practices and resources
- ≥80% of clinics have at least one service provider trained in IPC/C to include BCC messages while counseling on ESP interventions
  ≥80% of clinics implements monitoring systems (e.g. mystery client) to assess quality of counseling services.

In order to attain these deliverables following activities were planned and implemented during the period of January-December, 2013.

- Three needs assessments on
  - BCC material needs assessment on materials selection and quantity determination
  - Training needs assessment for IPC/C
  - NGO capacity assessment on BCC/KM
- Conducted a 5 day message design workshop to design key health messages on LAPM, ARI, safe deliveries and care seeking for newborns
- Identified 9 materials (4 new and 5 adapted) for undertaking necessary development process. These materials have already been developed and awaiting for USAID approval to go for production
- One television commercial to promote SH clinics and its key services has been developed and is now awaiting for USAID approval to go for production
- Organize a Media Dialogue with the news editors of the national level print and electronic media to leverage use of media through media advocacy
- A ToT curriculum on IPC/C for the Clinic Manager and Counselor was developed and two cascaded model of the curriculum on the same issue has been developed
- IPC/C training in the form of ToT for the entire Clinic Manager and the Counselors of 327 clinics have been planned to conduct in 25 batches. A total of 7 batches have already been conducted and provided training to 178 participants
- Nine special days have been identified to observe under SH clinic network with an aim to establish linkage community with facility. A total of seven such special days have been observed throughout 327 SH clinics in 2013
- Repositioning of the SH brand name and tagline have been finalized by NHSDP. After pretesting the proposed one has been sent to USAID for approval.

Conduct a quick needs assessment of BCC material

For promoting healthy behavior and care seeking practices in the community especially in the SH clinics catchment area, NHSDP have set five priority service areas where the priority BCC interventions have set forth for action. BCC materials are the mandatory component for BCC interventions. NHSDP have the first year deliverables to develop and adapt BCC materials for SH clinics to promote their health services and mobilize the community and also regain of SH clinics brand position in health business.

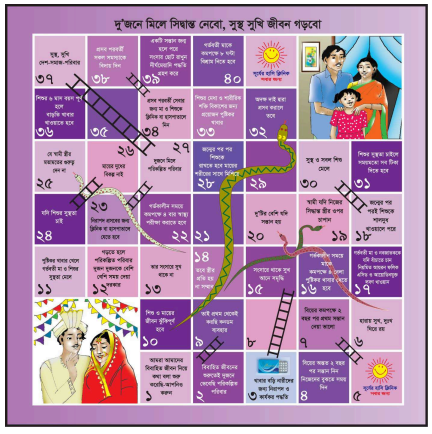
The project required identifying the most effective BCC materials with required quantities. With this planning a quick BCC materials needs assessment was conducted using a needs assessment (TNA) tool. This tool was sent to 26 SH NGOs for collecting information about their BCC materials needs. *(Needs Assessment tool is attached).*

After assessing the needs assessment tool from 26 NGOs it found that 272 types of BCC materials were supplied prior to NHSDP programs. In this assessment the NGOs have been recommended 12 types of BCC materials as they consider very effective while it needs some updates on information and design. Following the recommendations of the BCC materials needs assessment a message design workshop was planned to develop messages and materials on priority service areas and adaptation of existing BCC materials.

Conduct a 5 day message design workshop

Message design workshop, held on May 11-16, 2013

A 5-day message design workshop was organized in Dhaka on May 11-16, 2013. The overall goal of the Message Design Workshop was to develop new BCC materials on NHSDP priority services and enhance the knowledge and skills of the NGO staffs on systematic approach of message development and identify the priority areas for message/material development. A total of 30 participants were participated this workshop and amongst them 26 participants were different levels of NHSDP NGO staffs and rest 4 were the creative persons who helped the participants to convert their thoughts into graphically presentable materials. Participants were the Project Directors, Program Managers, Monitoring Officers, Clinic Managers, Paramedics, Service Promoters and Counselors. Following a systematic message designing approach the workshop identified five new BCC materials and also twelve existing BCC materials for adaptation and reproduction. *(An executive summary of the Message Design Workshop is attached).*



New BCC material – 'Ludo', a board game on spousal communications

Development of BCC materials

The newly developed materials from message design workshop were further revised by BCC content experts and graphic designers to make it graphically and technically appropriate and also reviewed by the NHSDP service delivery experts. Finally 4 new BCC materials and 5 adapted materials have been found technically suitable for development. Following are the proposed new and adapted BCC materials:

New materials:

- Folder on ANC care
- Ludu on Spousal communication
- Calendar on IYCF

- Pictorial card on skin to skin care

Adapted old BCC materials:

- Brochure on LAPM
- Card on five danger sign
- Poster on ANC care
- Poster on Diarrhea
- CH card on IMCI

These materials have been sent to the USAID and NHSDP is now waiting for their approval and immediate after receiving USAID approval these materials will go for production based on NGO requirements as they mentioned in the BCC materials needs assessment.

Development of TVC script

NHSDP also have developed a Television Commercial (TVC) focusing to promote SH service delivery sites offering comprehensive health services. This TVC is believed to increase SH brand value towards the target audience and also increase the customer flow in SH clinics. The TVC script has already been developed and sent to USAID for approval.

Conduct Training Needs Assessment on IPC/C for the SH clinic staffs

SH NGO/Clinics have frontline workers who provide necessary advice to the clients for becoming familiar with health care seeking practices on various health issues. For that reason they are needed to be equipped with the technical information and quality approaches for customer motivation. But these workers did not get any trainings for long time by which they can enhance their skill on IPC/C. As a primary step to build the capacity on IPC/C, a training needs assessment was conducted for designing need based IPC/C training program for NGO/clinic staffs.

NHSDP exhibit at World Population Day, July 2013

A structured TNA tools was developed and sent to the SH NGOs for gathering their needs in IPC/C training. By using this tool NGOs have provided information about the training history of the clinic staffs in their total service period and the issues that they feel will enhance their skills on IPC/C. A total number of 40 NGO staffs were interviewed to collect the information on this issue. *(TNA tool is attached).*

After assessing the TNA tool it was found that the frontline SH NGO workers did not get any type of training/orientation on IPC/C. On the other hand NGOs have urged to include CSPs' under the IPC/C trainings who are contributing to a share of 60% in the service delivery outcome. For bringing CSPs' under the IPC/C trainings the training model has been planned in the form of TOT so that the TOT participants can act as trainer and cascade training on IPC/C to the CSPs' and rest of the SH clinic staffs. Cascade method refers to down streaming training through a core group of trainers for onward delivery to a large number of audiences. Regional base refers to a geographical location where training facility is available to cover wide geographic audiences to better manage resources and time. Regional base in other terms named as technical substation by NHSDP, where two focus SH NGOs is identified with enough training facility to cover nearby other SH NGOs. Back to back linkage means linking two or more trainings in continuous dates intended to deliver to same participants. Tailor made training refers to customizing training for particular or a group of organizations based on need and requirement.

Development of training curriculum

Based on the training needs assessment on IPC/C a comprehensive TOT curriculum was developed and the participants' of the TOT on IPC/C were determined as Counselor and Clinic Managers. The draft TOT curriculum have been shared and reviewed by the technical persons of NHSDP to ensure accuracy and technical information. For cascading training to these groups, two separate training curriculums have been developed and necessary changes have been made before finalizing the curriculum. (*The key content of this curriculum is attached).*

The ToT curriculum made with four-day training while two types of the cascaded model of training curriculums have been developed. These curriculums were of two days for the rest of clinic staff and one-day for the CSPs'.

Conduction of ToT at regional basis

A plan has been drawn to provide TOT on IPC/c to the Clinic Manager and the Counselor of 327 SH clinics including one supervisory staff from the NGO HQ which comes as 680 staff to receive this training in a total of 25 batches. Following this plan the ToT will be arranged on regional basis with an objective to bring this program in proximity of the receiver, the NGO clinic level staff, and regions have been divided in to four parts as east, west, north and south.

TOT on IPC/C

Organize of TOT pretest batch: To make the TOT curriculum appropriate and technically sound a curriculum pretesting batch was organized before conduction of regular batches. The findings were reviewed and incorporated in the curriculum and training modality after which the curriculum was finalized.

Conducted regular TOT batches on IPC/C: The conduction of TOTs in 25 batches has started in different locations based on the sub-stations in the country. During the reporting period a total 7 batches of four days TOT have been organized in which 179 participants attended. Of these attendees 86 were the Clinic Manager and 86 were Counselor and 7 were Project Managers.

Different tools also have been used to assess the trainees' knowledge, skills, education and improvements attained from this TOT. These assessments are pre-test, post test, facilitators' observation and participants' profiles. (*A compiled report on these assessments is attached).*

Organize of Media Dialogue

As part of the media leveraging initiative NHSDP have organized a media dialogue with the eminent news editors of national print and electronic media. This dialogue was held on July 2, 2013 at CIRDAP auditorium, Dhaka. A total of 24 media professionals had participated in this event. This event has brought a unique opportunity to flourish the NHSDP with SH service delivery sites as well as the range of service deliveries in the media. There was lively interaction took place in the media dialogue and the media professionals have expressed their views to arrange field visits for them in any service delivery sites so that they can get clear conception about how the SH clinics are contributing in the health sector in Bangladesh.

Media dialogue held on July 2, 2013

Objective of media dialogue:

- Create a forum for dialogue with the media professionals and discuss media support needs
- Promote media advocacy by leveraging the utilization of potential force of the media for changing people's behavior
- Effective use of mass media in creating awareness about the SH networks and the service delivery model
- Discuss potentials of local platform for media advocacy.

Partnership with TV channel, the Channel-i

NHSDP have entered in to a MoU to establish partnership with Channel-i, the largely viewed Bangladeshi channel, in their newly initiative focusing on ARH titled 'Shorno Kishori'. In this initiative a total of 26 episodes of TV magazine program will be developed based on the information need and required health services for the adolescent girls. In this collaboration NHSDP will provide technical assistance in development of program contents and facilitate access to NHSDP clinics for shooting of the magazine program.

MoU signing ceremony with Channel-i

Media publications

Various USAID NHSDP activities are highlighted in national print and electronic media. SH clinic services have the focus to reach at marginalized population and serve to the poor, for that some of the media have highlighted following program interventions in television channel and print media.

1. NHSDP program and SH service deliveries for the for maternal health in Channel-I on the eve of Safe Motherhood Day
2. ARH issues, specially the adolescence pregnancy, on the eve of World Population Day programs in Channel-i
3. BCC/KM strategy workshop in Channel-i
4. PBG workshop news in Bangla Vision
5. PBG workshop news in The Daily Independent
6. PBG workshop feature story in the weekly magazine 'The Stethoscope'.

Development of BCC/KM Strategy for NHSDP

NHSDP have initiated a process to develop BCC/KM strategy for NHSDP. This strategy is believed to help NHSDP and SH NGO/clinics in determining and planning of BCC activities at national, sub-national and local level for promoting their services in the community. Another focused area of this strategy is to strengthen the NGO capacity to harmonize and coordinate appropriate health messages in line with geographical and social context. For development of BCC/KM following steps have been undertaken:

Capacity assessment on BCC and knowledge management: For assessing NGO capacity on BCC/KM, 10 FGDs were conducted using JHU-CCP's Institutional Capacity Assessment Tool (ICAT). The participants of these FGDs were from project management to service providers who are involved with planning and implementation of BCC activities for promoting healthy practices, increase demand for ESP services and maintains functioning of the community support groups.

NHSDP receives media coverage on Safe Motherhood Day, May 28, 2013

The objective of this assessment of BCC and Knowledge Management capacity of the NGOs is to understand their existing strength, area that needs improvement on disseminating accurate and persuasive messages to stimulate demand and adaption of health practices, identify and address community perspectives on barriers to service uptake and behavior change; and to utilize community led approaches with the aim to develop BCC strategy. The assessment report is attached.

***Meeting with USAID partner organization*:** One-to-one meetings have been conducted with other USAID funded programs heads and BCC leads of the EngenderHealth, MAMONI, FANTA, Modhumita etc. to gather their views on BCC/KM Strategy.

Organizing idea generation workshop: To develop a unified and evidence based BCC/KM strategy, NHSDP have organized an idea generation workshop on October 07, 2013 with an objective to gather views of various stakeholders for bringing orchestration over the national, regional and local level BCC campaigns and to focus on multi-dimensional service delivery aspect and strategic use of communication channels/mediums. This workshop has contributed to develop the outline of the workshop. A total of 65 participants attended in the workshop from different sectors like USAID, BCC expert, allied GoB agencies, and USAID partner organizations. Mr. Ganesh Chandra Sarkar, Director (IEM) has inaugurated this workshop. Experts from JHU/CCP, Baltimore, USA have provided technical assistance to develop this strategy.

The draft strategy has already been developed and is now being reviewed at NHSDP and PI HQ.

Piloting of e-health toolkit in collaboration with BKMI

NHSDP has organized 2-day long orientation on e-toolkit for the SH clinic staffs of Sylhet and Chittagong for using the e-toolkit during their counseling and assessing their knowledge on various health issues. A total of 28 clinic staffs from 10 clinics were of Sylhet (SSKS and SIMANTIK) while 3 clinics were of Chittagong (FDSR) having received the e-toolkit orientation. In this initiative USAID funded BKMI have provide technical assistance to NHSDP.

SH clinics are awarded in World Population Day

In recognizing the NGO contribution in the field of health and population sector, the Government of Bangladesh has awarded a large number of SH Clinics. On eve of the World Population Day this year a total 146 SH clinics have been awarded in different categories. Following is the summary of awards provided to different level.

- National level =1
- Divisional level =5
- District level =62
- Upazila level=100

(The detailed award list is attached).

Strengthen links between government and USAID NGO's community and facility based BCC activities

NHSDP has provided support to strengthen the links between government and USAID NGO's community through facility based BCC activities. NHSDP have determined to observe nine national and international days which are mostly related with the SH clinics service delivery system. These special days are: 1) International women day; 2) World TB Day; 3) World Health Day; 4) Safe Motherhood Day; 5) World Population Day; 6) World Breastfeeding Week; 7) International day of the

Special day observation by SH Clinics

Girl Child; 8) World Hand washing day; and 9) World AIDS Day.

In these special days NHSDP guides the NGOs/Clinics to determine the local level campaigns which are suitable for the national theme as well as the clinic service promotion. In celebration of these special days SH clinics are encouraged to undertake various promotional offers for their service deliveries. They also participate in the government programs as like the rallies and discussion meetings. They also contribute by taking part in the health fairs where they provide health services with discounted rates. Many of the clinics contribute by performing leading role to organize the event on behalf of Government. (*Two factsheets and guidelines on these special events are attached).*

National level activities on observing World Population Day:

NHSDP also takes initiative to participate in the national level celebration of these days and following activities for observing World Population Day on 11 July 2013 were undertaken:

1. Participated in the rally organized by the DGFP in World Population Day
2. NHSDP have decorated road dividers with the festoons where WPD theme and related messages were written
3. Publication in WPD souvenir and in this souvenir two pages of brief NHSDP activities were published
4. A stall was given in the main program venue of WPD where NHSDP program activities are displayed. It is assumed that more than 1000 people were visited the NHSDP stall and collected information about this program.

National level activities on observing safe motherhood day:

NHSDP Participated in Safe Motherhood Day Fair at Channel-i on May 28, 2013. NHSDP had established a stall in this fair where NHSDP activities were displayed. This program was live telecasted for 3 hours from 11.00 am to 01.00 pm in which NHSDP program activities were specially highlighted.

Repositioning of the SH logo

NHSDP have taken initiative for repositioning of the SH brand with new program objective to heighten the image of the Surjer Hashi image as a caring and quality health service provider. In this regard NHSDP have recommended for following changes on the logo, brand name and in the tagline:

Logo: The existing Smiling Sun Logo which has been incorporated in the contract will be used as it is and no changes will be made in it.

Brand name: Instead of 'Surjer Hashi Clinic', it is recommended to use "Surjer Hashi" as the brand name. After having several discussion with other stakeholders as well as with the SH NGOs a consensus was built around this suggestion.

Tagline: Instead of using the tagline 'Sabar Jannya' it is recommended to use 'Swastha Sebay Aantarik'. It is believed that this tagline will add more emotional values over the previous one. With these changes in the SH logo, the proposed brand name and tagline have sent to USAID for their final approval. (*The colored design of SH logo with the proposed changes is attached).*

NHSDP advocacy video

Development of NHSDP video documentary

NHSDP has developed an advocacy video documentary featuring the USAID NHSDP program activities in the aspect of health contribution in Bangladesh. This video highlighted the program focus of the service delivery systems and types of services to the targeted group

Participate in the BCWG and other BCC forum regularly

NHSDP is coordinating and maintaining their stake with BCWG. In addition to harness BCWG experience in the NHSDP-BCC activities, NHSDP have ensured their participation in BCWG and other BCC forum regularly to attain a reciprocal benefit from these forums.

IR 2.2: Communities are actively engaged in promotion of healthy behaviors and care seeking practices

During the first year of implementation, NHSDP has paved the way for fostering greater community engagement in promoting health behaviors and care seeking practices. Toward this goal, NHSDP has conducted a community mapping exercise at the clinic level to understand community dynamics and identify platforms for referral linkages. In line with the information extracted from the mapping, barriers to accessing health services have been identified and will include the involvement of the SHCSG's to develop community based responses in addressing these barriers as well as broader social and health issues such as GBV, early marriage and more male involvement at clinic level.

Community mobilization through mapping and fostering linkages

The community mapping exercise was conducted across the SH network and at the clinic level to map the potential resources (both institutional and social determinants) that exist at a defined community area and helps community who are links with Clinics of NGOs to utilize and maximize the capacity and resources of NGO Clinics in favor of community as a whole. The mapping was also conducted to understand community dynamics (ie. strength, weakness and potentiality) and identify platforms for referral linkages; foster collaboration and coordination among multi-sectoral stakeholders; enhance the wider coverage of NHSDP's services though the community mobilization (CM) process based on mapping; and to develop strong community support of SH clinic network services and ensure participation and ownership of the community. All NGO clinics participated in this exercise around a 2.5 kilometer radius of the clinics. Other health service organizations as well as pharmacies identified in community mapping will be used for client referral to SH clinics. Given the challenge of political instability during the time of implementation as well as the large coverage of the SH network, NHSDP NGOs understood the value of the mapping and demonstrated competency in successfully completing the exercise. Through the community mapping exercise, local influential stakeholders in the community were identified and the information was captured and will be used in laying the groundwork for mobilizing the community further on active engagement of health seeking behaviors. An overall CM Strategy has been developed corresponding to the information. The strategy will be finalized early next year.

Community Mapping at Surjer Hashi Clinic, Netrokona

The SH clinic communities now have an opportunity to implement gender sensitive health planning involving both women and men with the information from the community mapping exercise. During the mapping process, women and girls participation was ensured as a way to include their needs of the community especially on ARH issues. In this regard, NHSDP has also developed a guideline on Women and Girls centered services to address gender inequality and the needs of women and young people. Similarly, a Social mapping (SM) was conducted on GBV for identifying potential problem areas, exploring existing resources and linking the clinics with their locality. Members of Civil Society Organizations (CSO), Community Based Organizations (CBO), garments factories, local secondary schools have participated in the exercise. This mapping exercise will guide the SH clinics increase the number of youth (15-25 years) accessing in reproductive health services.

Along with the CM strategy development, the community support group formation activities has also began this year aligned with concepts CARE's CmSS and Surjer Hashi Community Support Group (SHCSG). In addition, a conceptual framework has been developed around a satisfaction measurement study including design, methodology and the final report on client satisfaction will be prepared in January 2014.

To engender Behavior Change Communication, BCC messages and materials were thoroughly reviewed through the gender equality lens; efforts towards developing clinic set-up, layout and interior decoration with appropriate BCC messages to create a women and youth friendly environment; use of gender equitable messaging and BCC materials as well as enhanced IPC/C skills to promote joint decision making and care seeking behavior. These activities are ongoing and will be further harnessed in the coming year.

Barriers to essential health services & Surjer Hashi Community Support Group (SHCSG)
In conceptualizing the barriers that poor and underserved populations face when accessing ESP services, NHSDP has combined the information gathered through the community mapping process and developed a barriers analysis concept paper.

NHSDP will deploy Pathfinder's Pathways to Change methodology to elicit the barriers to change, and provide a technique for responding to community needs. Health cards have not been given yet plans are however underway as NGOS have budgets for health card printing. Revised definition of poor has been shared with the NGOs along with benefit package of poor and POP. In early 2013, NGOs have identified minorities around their clinic catchment areas and some NGOs have incorporated in their work plan. A Poverty Score Card will be developed NGOs are given a list of innovative approaches and exercise to plan on how to reach underserved and men and boys. In addition, CARE's approach to Engaging Men and Boys to transform notions of sexuality, masculinity, power, and gender will be used as the project progresses into the second year.

NHSDP will use Community Support System (CmSS) approach to transform existing static and satellite clinic-affiliated health groups into Surjer Hashi Community Support Groups (SHCSGs). Assessment of barriers for lowest wealth quintile population to receive health services from SH clinics and will develop innovative ways to overcome the barriers. Build network and maintain coordination with other health service providing organization and institutions through updated community mapping. SHCSGs will also participate in and undertake barrier analyses to identify the constraints the poor face when accessing ESP services and will develop community-based responses to address these barriers. NHSDP will also assess feasibility of implementing CmSS model in urban context.

Meanwhile, NHSDP has conducted a situation analysis of the existing Surjer Hashi Health Group (SHHG), Surjer Hashi Health Group formed in 2010. As of September '12 8,839 total groups were

formed. Total group members are 202940. A total number of meetings held during SSFP 29,082 per group, number of members is 25-30. which noted that SHHG members are not well orientated about their roles and responsibility; SHHG members did not receive formal orientation or training on their roles and responsibility from NGOs; team approach has not develop yet; engagement of males is less than the females; ownership was not found among the SHHG members; committee formation, structure are not linked properly with the guidebook.

SHCSG Guideline

A guideline on SHCSG is being developed to address the goals, objectives and principle of SHCSG and its revitalization; the organizational structure of the group, constitutional aspects; detailed steps to group formation; procedures for members to conduct SHCSG meetings; steps for implementing the activities as well as how to monitor and evaluate the impact of these groups. The guideline has been translated in Bangla for use at community level and a consultation will be held to incorporate feedback. As next steps, the operation guideline, once finalized, will be translated into a training module for clinic managers and service promoters who will then facilitate capacity building for SHCSG.

Using technology and innovative channels to disseminate health messages

During the reporting year, NHSDP has laid the groundwork for and kick started innovative approaches using technology to create various eHealth platforms to disseminate ESP information. The project has established a partnership in Year 1 with D-NET's Aponjon (MAMA Bangladesh) to send pregnant mother's health messages and information on SH network services through SMS as well as training CSPs to expand reach. Through this partnership, CSPs will also follow up with mothers during their expected date of delivery (EDD) and enquire their status to follow up on ANC visit by phone. Through the linkage with the Bangladesh Knowledge Management Initiative (BKMI), SH clinics were involved in the e-health pilot – platform for using netbooks for enhancing CSP outreach.

Harnessing social capital to amplify mobilization efforts

The project will continue to amplify Community Mobilization efforts by maximizing its existing capital and networks on the ground including SH network of over 6,000 SH CSPs, 975 SPOs, and 8,600 SHCSGs. NHSDP is in the process of incorporating the '3-day vigilance' MMR model in the SH network which will serve as an icon for upholding maternal health.

CM efforts have been initiated in cross-sectoral linkages with USAID and other donor-funded health and non-health programs. With United Nations Development Program's Urban Partnership for Poverty Reduction to address primary health needs in urban areas (nutrition, MNCAH services, hygiene, ARSH and FP), identify vulnerable households who are in need of these services (through existing mapping & UPPR's community platforms) while expanding SH clinic network's outreach and coverage of urban areas. NHSDP continues to participate in the workshops conducted by project's partner networks such as SMC for their Blue Star network consisting of more than 16,000 drug sellers, having established a linkage between the SH network to Blue Star Program (BSP) for referral cases. NHSDP also plans to reach out to project's partner NUK to access its networks of over 1,000 local women's and youth associations in all 64 districts.

In the coming year, NHSDP will continue to support CSPs' expanded role as counselors and mobilize them by building their skills in IPC/C and use of community diagnostic tools, facilitating collaboration with volunteers serving other health, nutrition, and development programs. The project will also strengthen CSPs' connections with clinic support groups to stimulate more active bridging between facilities and the communities they serve.

IR 3: Local Ownership of Service Delivery Enhanced

- ✓ **Participatory, holistic approach**
- ✓ **Specifies objective and measureable criteria and characteristics**
- ✓ **Identifies key documents and data to be reviewed for assessment**
- ✓ **Measures both qualitative and quantitative factors**
- ✓ **Allows for root-cause analysis**
- ✓ **Uses a holistic, organization-wide approach to capacity building**

In the reporting year, IS team conducted Baseline Capacity Analysis of SH NGOs using desk review methodology, by taking SSFP organizational assessment results and NSDP MOCAT end line assessments. Both the scores were combined to assess the capacity gaps. Grounded by baseline, customized roadmap for each NGO developed with outlining capacity building requirements in relation to pre-determined benchmarks. The defined Institutional Strengthening milestones linked to pre-award assessment for two selected SH NGO by developing Technical Assistance (TA) plan across all IRs. Moreover, development of Transition Plan for these two NGOs also initiated. Selection of two NGOs for receiving direct USAID award, NHSDP ranked baseline capacity assessment scores of all NGOs and conducted a pre-award assessment of top six large NGOs having twenty plus clinics in the SH network. Final selection was documented and approved by USAID for conducting a pre-award assessment to award as direct USAID grantees.

In the reporting year, IS team of NHSDP has achieved four project milestones out of six earmarked (41 to 46) as per contractual schedule of USAID. The accomplishment includes Baseline Analysis of local NGO partners, Customized Roadmap for each NGOs, linking institutional milestones to pre-award assessment for these two NGOs and identification of two local transitioning NGOs for eventual transition to direct USAID grantees. Progress also made in achieving rest two milestones (43 as per 3.1 and 46 as per 3.2) related to IR 3 – Local Ownership of Service Delivery Enhanced.

In addition, during the reporting year, IS team has accomplished orientation on identified gaps in 11 capacity areas and benchmarks for NGO PDs, FAMs and NGO Contact Persons in the Performance Based Grants (PBG) workshop held on 23 July 2013 and 01 November 2013 in Post-Award PBG Workshop. Other accomplishments and progress may include, development of year-2 work plan, development of Technical Assistance Plan across all IRs, facilitation in the team building activity of NHSDP, development of NHSDP Capacity Building Strategy for SH NGOs, formation of Training and Capacity Building Taskforce (TCBT), development of Training Delivery Strategy (TDS), formation of IS teams for all NGOs, completion of NGO Roadmap Orientation to two transitioning NGOs selected for direct USAID Award, initiation of Transition Plan development process for two NGOs, initiation of tailored Capacity Building Strategy for two NGOs and draft report completed on Compensation Survey for SH NGOs. Training Need Assessment (TNA) for governance, leadership, Human Resource Management (HRM) and Financial Planning & Management is ongoing and will be completed by January 2014.

The Baseline Analysis and Customized Roadmap for each NGO

Increasing NGOs capacity to deliver a quality ESP is at the core of NHSDP. The project's IS approach is very much linked to this goal. NGOs participated in a baseline situation analysis and

developed f an IS roadmap which was resulted to set annual IS benchmarks and defined a customized plan for IS TA throughout the course of the NHSDP partnership. These IS roadmaps and benchmarks, emphasizing on organizational and institutional growth, will mirror efforts to strengthen coverage/uptake, quality, and equity of services under IRs 1 and 2, leading overall to stronger NGOs capable of sustained, high-quality service delivery.

The baseline analysis framework has been designed to follow a participatory process at four levels of key stakeholders: NGOs, the NMC, NHSDP, and USAID. The NHSDP IS team would revise in the light of the project need and use the Modified Organizational Assessment Tool (MOCAT) approach developed under NSDP to guide the IS assessment and benchmarking process. The revised MOCAT would be adapted to reflect the priorities of NHSDP (e.g., gender, M&E, reaching poor and sustainability) and has a number of strengths which make it appropriate to this process. The MOCAT tool will follow three pillars of sustainability: institutional, programmatic, and financial sustainability. Within these pillars, the MOCAT assesses an NGO across a variety of organizational components, resulting in scores for the varied technical areas such as governance, management practices, human resources, customer focus, financial resources, and external relations - with gender as a cross cutting area throughout the capacity areas of SH NGOs. NGOs are ranked on a scale of one to four (one for nascent organizations, four for mature organizations), and can score higher in some areas and lower in others. Their scores in each area are then aggregated to provide an overall organizational scoring grid which would ultimately guide to frame and provide customized TA to the SH NGOs throughout the period of the project.

> USG regulations require conducting a pre-award assessment prior to issuance of an award. . If an NGO does not pass this survey, then USAID may not issue a direct grant to the NGO. Therefore, NHSDP initiated the selection process for the two transition NGOs by conducting a similar assessment and tool.

The baseline analyses were used to capture current NHSDP knowledge of NGO capacity across ten areas. Based on these capacity areas of NGO weakness identified in these analyses, NGO IS roadmap was developed for each NGO to help setting expectations and guide the process around NGO capacity building throughout the course of the project. Key areas for capacity building were selected from the analyses based on a number of criteria, including, NGO priorities for TA, impact of TA on long-term NGO sustainability, impact of TA on NHSDP goals and expected results, and capacity and scope within NHSDP to provide TA within that capacity area with an emphasis on addressing the most critical needs. As with the baseline analyses, the components of the IS roadmaps (including the capacity gaps, proposed activities and TA, benchmarks, and timelines) will evolve as appropriate after the completion of the first annual MOCAT assessment in 2014.

Upon submission of the NGO baseline analysis and IS customized roadmaps to USAID for approval, USAID initiated a joint visit mission to two NGOs (one rural and one urban) to get an idea about the NGO ownership building process in service delivery and to frame a TA work plan for each NGO and for each partner, supporting concerted efforts where necessary to avoid duplication of efforts and ensure a smooth customer experience for the NGOs. A six member team (4 members from USAID and 2 members from NHSDP) visited four clinics and met NGO EC and management team of CRC and PKS in south-western region of Bangladesh to assess capacity, performance and sustainability of NGOs.

Selection of Two NGOs for USAID Direct Award

According to NHSDP Sub IR 3.2, NHSDP will capitalize on the rich experience of previous USAID support to these NGOs (SSFP and NSDP, most recently) in order to identify two promising NGOs with competitive institutional, programmatic and financial capacity compared to their peers. In order to fulfill

this contractual obligation, NHSDP engaged in a selection process in order to identify two NGOs for transition, out of the six NGOs who currently have a minimum of twenty static clinics (which included BAMANEH, CWFD, JTS, PKS, PSTC, and Swarnirvar Bangladesh). NHSDP was very careful in avoiding a bias in the selection process at the very beginning of the assessment. Accordingly, NHSDP contracted a third party entity to validate the NGO-administered pre-award assessment (which were used to support the selection process), assess potential risks, and to prepare risk mitigation plans based on capacities and sub-capacities areas.

A USAID pre-award assessment was conducted as of the first stage of the process to determine which two NGOs would be recommended for transition to direct USAID grantees. The objective of this assessment was to determine whether the six NGOs initially selected as potential candidates for transition had sufficient financial management capacity to manage USAID funds in accordance with USAID and US Government policies, to determine the most efficient method of financing to use under potential USAID awards, and the degree of support and oversight necessary to ensure proper accountability of funds provided to the NGOs.

Initially, NHSDP planned to use the pre-award Financial Management Review tool included in the USAID Request for Proposal (RFP) SOL-388-12-000001. NHSDP distributed the tool to NGOs for self-assessment, and the completed tools were submitted to NHSDP for review and validation. Prior to the start of the validation, NHSDP was introduced to a new tool, the Non-US Organization Pre-award Survey (NUPAS), that would allow NHSDP to identify potential risks with assignment of scores (1-4 points) and prepare a plan to mitigate those risks. Therefore, NHSDP decided to use the NUPAS tool as its primary assessment mechanism, combining its results with those of the pre-award Financial Management Assessment Tool where appropriate. The NUPAS tool was a better fit for the project, as it allows for a more holistic assessment and informative results. Given that it is likely that it will be the NUPAS tool which is ultimately used to evaluate NGO readiness for direct support from USAID, during the verification process the results from the pre-award Financial Management Assessment Tool were carried over to the NUPAS tool, with additional data collected as needed during verification.

In summary, to identify two NGOs as candidates for becoming USAID direct grantees out of the 26 NHSDP NGOs, the criteria for selection process was accepted considering (a) contractual obligations and, (b) consultation with NGO Membership Council (NMC), NHSDP SMT, and USAID. The criteria for selection process were as follows:

1. NGOs having a minimum of 20 static clinics
2. The MOCAT score
3. The NUPAS score

The two NGO partners for transition to USAID direct grantees are selected following a rigorous process by in alignment with the above mentioned three determining criteria. The steps followed to select two NGOs were as follows:

- Step 1: Initial Identification of NGO candidates for transition
- Step 2: NGO Orientation for Six Selected NGOs to the USAID Pre-Award Financial Assessment Tool
- Step 3: Completion of Pre-Award Self-Assessment by NGOs' Executive Committees and NGO Management Teams
- Step 4: Orient Six selected NGOs on USAID NUPAS tool
- Step 5: Engage Independent Entity to Validate USAID Pre-Award Self-Assessments using the NUPAS Tool
- Step 6: Pilot of Validation by Independent Entity
- Step 7: Analysis NUPAS Survey Scores of six NGOs
- Step 8: Risk Management Plans for Two Selected NGOs

- Step 9: Use MOCAT Converted Score (2013) for identifying two NGOs

Based on the above assessment and validation exercises and analysis, it is concluded that the nominated two NGOs transitioned to direct USAID grantees are: Swanirvar Bangladesh and PSTC
NHSDP's institutional strengthening approach would build local ownership of the IS process, and recognize NGO diversity by offering different levels of tailored TA with emphasis on the above two NGOs that have greatest potential to transition to USAID direct award.

Development of Technical Assistance (TA) Plan across all IRs and Defining Teams of NHSDP
NHSDP facilitated to develop an integrated TA plan template which will support TA across all IRs to implement the customized roadmap for each SH NGOs and link institutional benchmarks to preset project milestone. The process initiated with a sharing session of baseline findings with all teams of NHSDP. The sharing session was facilitated by Program Director of Pathfinder International Dr. Kimberly Waller. Findings were classified by participants of the sessions and teams were named to address each class of capacity gaps. The defined teams are: Support to Service (Service delivery), Rainbow (Fin & Op), NCB (NGO Capacity Building), BCM (Behavior Change Communication & Marketing), M & E (Monitoring & Evaluation), GPA (Gender Policy & Advocacy), Financial Sustainability (Cost recovery & health financing) and P & C (Policy & Coordination). NCB team developed the template for integrated TA plan and circulated to all for input. All team inputs were complied in a common frame and developed integrated TA plan across all IRs.

Capacity Building Strategy (CBS) for SH NGOs
NCB team developed a Capacity Building Strategy (CBS) for SH NGOs to formulate a process oriented capacity building outline to be followed by each NGO. The preparation of drafting process initiated consulting with relevant documents: baseline & customized roadmap, technical proposal of NHSDP, SH NGO constitutions and CB strategy of other development partners. The CBS focuses on the process of strategy development, CB framework, key interventions, service delivery network, four dimensions of NGO performance, risk analysis and post exit situation. The plan is under finalization process. Under CBS, a NGO help desk is proposed to establish at NHSDP to facilitate NGO for one stop service point regarding to capacity building through technical assistance. The help desk will provide day to day programmatic solutions regarding training, programmatic assistance and problems in implementation procedure. NGO help desk will be operated in collaboration with the Training and Capacity Building Taskforce (TCBT) and headed by the Director Capacity Building / HSS. NGO Help Desk will work in collaboration with Director, CB/HSS to have rapid solutions of arising problems and training implementation.

With the Director Capacity Building/HSS – Chair, and a member from:
- *Finance & Operations Team*
- *BCC & Marketing Team*
- *Financial Sustainability Team*
- *Service Delivery*
- *M&E Team*
- *Gender (GPA)*
- *Policy & Coordination Team*
- *IS team (ODM and CBM)*
- *Technical staff when required*

Training and Capacity Building Taskforce (TCBT)
In the reporting year, NCB team organized and formed the Training and Capacity Building Taskforce (TCBT) in line with technical proposal and in consultation with senior management of NHSDP. The prime objective of the Training and Capacity Building Taskforce is to ensure guidance in the capacity building process of SH NGOs and monitor progress of project in respect to performance milestones and benchmarks. The taskforce will contribute in improving service delivery capacity of SH NGOs, ensuring quality, gender sensitivity, reaching the poor and underserved communities. Moreover the taskforce will

coordinate all TA including training of the project for creating synergy in the skill and knowledge delivered and making effective implementation of learning in the service delivery process. In overall sense, the taskforce will ensure effective and result oriented capacity building of SH NGOs and improving quality of service. The TCBT will comprise of NHSDP mid level technical staffs of the project. Categories of members included in the TCBT are mentioned in the text box above.

The TCBT will be led by the IR-3 lead and he will chair meetings and NCB CB Manager will act as Member Secretary. TCBT will garner input and participation from project's Technical Specialists. Detailed terms of reference were prepared and approved by the senior management of NHSDP. The first meeting of TCBT held on 10 December 2013 with COP, NHSDP in the Chair and TCBT is tasked to finalize the integrated training budget and preparing a training calendar across all IRs.

Training Delivery Strategy (TDS)

NCB team as a part of the TCBT developed a Training Delivery Strategy (TDS) as per the decision of first TCBT meeting. The TDS will cover eleven capacity areas related to SH NGOs, identified during baseline capacity analysis. The areas of training are NGO governance, management practice, human resources, customer focus, customer service quality, external relation, program management & monitoring, revenue stability, cost consciousness, financial management and gender. TDS will focus on priority issues to address in training, meaning that all areas require training intervention already identified in the customized roadmap. TDS has incorporated four approaches of training: Cascade method, Using regional Base (technical sub-station), Back to Back linkage and Tailor made training.

> Training areas; NGO governance, management practice, human resources, customer focus, customer service quality, external relation, program management & monitoring, revenue stability, cost consciousness, financial management and gender

NGO Roadmap Orientation to Two NGOs selected for Direct USAID Grantees

NCB team (IS team) of NHSDP conducted separate daylong session with selected two NGOs for direct USAID grantees. These two NGOs: Population Service and Training Center (PSTC) and Swanirvar Bangladesh. . To complete the pre-award assessment successfully these two NGOs have to comply with the observations and recommendations of baseline capacity analysis and pre-award financial management analysis conducted by NHSDP. The orientation was a part of the process to capacitate the NGOs with minimizing risks and capacity gaps. The NCB team conducted the orientation at PSTC on 23 December and at Swanirvar on 24 December 2013. The sessions of orientation covered baseline analysis findings, roadmap implementation status, development of transition plan and tailor made capacity building strategy. Both of the NGO will finalize their Transition Plan and Capacity Building Strategy by January 2014 with on-site TA from NCB team.

Compensation Structure & Staff Retention Strategy

NHSDP has completed a study on compensation structure for SH NGOs. Rapport Bangladesh, consortium partner of NHSDP has conducted the study under supervision of Director CB/HSS. Six comparator organizations were selected for the study to compare the compensation package with NHSDP SH NGOs. Six comparators are: Marie Stopes, Sajeda Foundation, SMC, CARE Bangladesh, FPAB and BRAC. Draft report of the study shared with NHSDP senior Management. The study highlighted a comparison in salary and benefit packages between the comparators and NHSDP SH NGOs. The study recommended for reviewing and revising the compensation structure of NHSDP SH NGOs and aligning with the other similar sector players to have a level of similarity.

Another survey is ongoing under IR 3 for developing Staff Retention Strategy of SH Network NGOs. Rapport Bangladesh is conducting the survey considering the sample of 13 SH NGOs out of 26. Data collection from 13 NGOs is completed and data processing/analysis is under process. Recommendations/results from the study would be used for the Staff Retention Strategy which will be completed by January 2014.

SH Clinics Visit Highlights

The objective of the visit primarily was to get an idea about the existing service delivery system of the clinics and NGOs in regards to eleven capacity building areas (NGO governance, management practice, HR, customer focus, quality of customer service, external relations, program management and monitoring, financial management, revenue stability, cost consciousness, and gender equality). A highlight of the observations is given below:

The team first visited on 4th July, 2012, Mongla SH Static Clinic, run and managed by CRC, whose headquarter office is in Khulna. It is an urban static vital clinic and the clinic manager, paramedics, and counselor are female. The clinic manager is the head of the clinic and manages ten persons. The present cost recovery rate of Mongla clinic is 36% which is –lower than NHSDP target of 40%. To achieve it the NGO must take initiative to recruit medical officer to range of services that would increase number of customers. To increase the cost recovery, Mongla clinic could introduce lab services but for that recruitment of medical officer is a precondition. Reaching the poor at 40% is one of the tangible goal of NHSDP. The poor served rate of the clinic is 50% which is higher than NHSDP target

SH Static Clinic, Sarankhola, is an urban static vital clinic in the district of Bagerhat is located in a hard to reach area. In 2010, CRC constructed a Smiling Sun Clinic building in Sharonkhola with a donation from CEMEX International under CSR partnership. The president of CRC donated roughly 6,500 square feet of land for the construction of the building. The team also visited Benapole SH Static Clinic on 6 July 2013 which is run and managed by PKS, whose head quarter office in Jessore, the south-western region of Bangladesh.

Upcoming Planned Activities

NHSDP institutional strengthening (IS) team has framed its year 2 plan for all SH NGOs. The upcoming prior activities may include:

1. Adopt MOCAT Tool considering M&E, Gender, sustainability and reaching the poor.
2. Conduct MOCAT Assessments for all NGOs
3. Develop strategic plans for large and medium NGOs
4. Develop essential NGO guidelines for Two NGOs already selected for direct USAID Award
5. Orient all 26 NGOs on customized roadmap with benchmarks planned to achieve in 2014
6. Provide training on Leadership, Governance, HRM & Financial Management to SH NGOs
7. Provide tailor made/customized training for Two NGOs already selected for direct USAID Award
8. Finalize Two NGOs transition plan development and framing tailored CB Strategy in the light of USAID Forward and Bangladesh CDCS
9. Complete Salary Survey with six comparators and initiate revision of salary of SH NGOs
10. Develop and Implement Staff Retention Strategy for SH NGOs and clinics

Section II: Performance Based Grants

To support Surjer Hashi network NGOs to deliver a quality ESP and progress in each of the four dimensions of performance, NHSDP planned to implement a performance-based grants under contract program. The grants will provide funding to the current network NGOs to deliver quality services to the poor and other members of community while receiving capacity building support from NHSDP. The grants aim to expand coverage, focusing on underserved areas and those suffering the worst health outcomes; inculcate a culture of quality at all service delivery levels; address gender inequality; and improve the NGOs' own institutional capacity in the areas of governance, management, and leadership. Ultimately, the grants will contribute to increased NGO sustainability and leadership in the community health system.

First PBG orientation session was conducted for key SH NGO staff in July 2013, Dhaka.

Performance-based grants were selected because an assistance instrument is clearly required to support the growth and development of the NGOs. NGOs and NHSDP will work together to design and implement the projects. The performance aspect of the grant provides an opportunity for the NGOs to feel more ownership in the results of their progress along the four dimensions and towards achieving negotiated indicator targets related to those dimensions.

Traditionally Bangladeshi NGOs have received standard cost reimbursement grants where performance was not linked with the funding. The main characteristic of the NHSDP PBGs is that they are aimed at promoting a positive change in aspects of the performance of NGOs and the payment is linked to their performance. NHSDP's performance-based grants approach is clearly defined and articulated in the technical application.

In the early phase of issuing performance grants Request for Proposal (RFA), NHSDP engaged in dialogue with NGOs and USAID and other entities to conduct feasibility of a possible performance-based grants program. The process was very valuable and important to get feedback about the design and accordingly the RFA was designed and issues.

Based on established criteria in the RFA, only 26 SH NGOs submitted applications for the PBG. These NGOs went through a complete procurement process in order to complete the application process. The final awards were made to the NGOs after receiving USAID approval.

NHSDP officially signs PBG contract with VFWA, Nov. 1, 2013 at the PBG Signing Ceremony

After the award a post-award workshop was held on November 1-2, 2013 with the NGOs to go over the terms and conditions of the PBG and orient various technical areas of PBG. The participants included NGOs contact persons, Project Directors and Finance and Administrative Managers.

The performance-based grants include two types of indicators: 1) Quarterly System Indicators; and 2) Annual Performance Payment Indicators. NGOs will be receiving 1% payment reduction for each quarterly system indicators and will be awarded 1% performance payment for each type of Annual Performance Indicators. NGOs can receive up to 10% of performance payment if they meet the target for all the annual performance indicators. Following the design, all indicators will be validated and verified by a third party entity.

Section III: Cooperation and Collaboration with Other USAID and non-USAID Funded Activities

In the first year NHSDP has made significant gains in developing partnerships and fostering linkages with other USAID and non-USAID funded projects, as well as enhancing partnership with GOB. Through working with a large network of 26 NGOs with 327 clinics NHSDP has set an example for significantly contributing to the goals of the Global Health Initiative/ Strategy and USAID's Country Development Cooperation Strategy (CDCS) for Bangladesh as well as Feed the Future.

Established strategic partnerships in Year 1:

- MAMA Bangladesh
- FANTA III
- GFATM
- Channel-I on Sharno Kishoree

Upcoming strategic partnerships:

- Sesame Workshop Bangladesh (Sisimpur)
- Strengthening Democracy & Local Governance (SDLG USAID)
- Protecting Human Rights (PHR), Plan Bangladesh
- USAID SPRING
- Urban Partnerships for Poverty Reduction (UNDP-UPPR)

Established strategic partnerships in Year 1

Towards improving maternal and child health through creating demand for services, NHSDP signed an MOU with **D-Net's Aponjon (Mobile Alliance for Maternal Action, MAMA** in Bangladesh) in August 2013. Through this partnership, information about SH clinic services and positive health messages on ANC, safe delivery, PNC and child health are being sent through mobile communications and SH clinics CSP outreach. In the first year alone 1,297 community agents were trained and 195,948 mothers/families were reached through the services.

In promoting adolescent sexual reproductive health, NHSDP has partnered with the leading television network, **Channel-I in an interactive TV program on ASRH, Sharno Kishori** (*or golden adolescent in Bengali*). The show has received great applaud in its first episodes where adolescent girls were gathered from divisional schools to participate in discussions and Quiz on safe motherhood, puberty and leadership in reproductive health information dissemination. In upcoming episodes of the show, adolescent girls working in garment factories will participate in the program linking the community to ASRH knowledge as well as awareness of the SH clinic network services. Through this program, adolescents are informed and encouraged to receive RH TT vaccine and the TV show demonstrates that girls are taking TT vaccine from SH clinics.

Earlier in 2013, an MOU was signed between USAID's **Food and Nutrition Technical Assistance (FANTA)-III** Project of FHI 360 and NHSDP and under the agreement, FANTA provided ToT on Infant and Young Child Feeding (IYCF) and Hygiene to 16 SH Clinic Mangers, Monitoring Officers during Jan.-Dec. 2013. FANTA in collaboration with Bangladesh Breastfeeding Foundation (BBF) also offered basic training on the same topic to 50 SH clinics and trained 1,583 SH clinic's

NHSDP signs a MoU with D-net's Aponjon (MAMA Bangladesh), August 2013

service providers (Clinic Managers, Medical Officers, Paramedics, SPs and CSPs) of these clinics. NHSDP plans to roll-out the IYCF and Hygiene training to rest of the SH clinics in the second year and mainstream the intervention in all the clinics.

Strategic Partnerships Underway

A strategic partnership is underway with **USAID's SPRING project in Bangladesh** to support the improvement of nutrition in Feed The Future areas. In 16 overlapping working upazilas of Barisal and Khulna division, NHSDP and SPRING will improve accessibility of health services and enhance community knowledge on hygiene and nutrition. SPRING will refer pregnant and lactating women from SPRING 'farmer field schools' to SH clinics to improve their access to quality maternal and child health and nutrition care services. SH clinics will refer these groups to SPRING farmer field schools to enhance their knowledge and practice on food diversity including cultivation of diversified nutritious vegetables, fruits, poultry rearing and aquaculture, hygiene and nutrition.

NHSDP's mandate of reaching the poor has led to an upcoming partnership with **UNDP's Urban Partnerships for Poverty Reduction (UPPR)** which will combine synergy and address primary health care needs in urban areas (nutrition, MNCAH services, hygiene, ARSH and FP), identify vulnerable households who are in need of these services (through existing mapping & UPPR's community platforms) while expanding SH clinic network's outreach and coverage of urban areas.

To address gender inequity in health service delivery and gender-based violence (GBV) in 26 NGO set ups and clinics, NHSDP is finalizing an MOU with **Plan International Bangladesh's Protecting Human Rights (PHR) program**, whereby PHR will assist in setting up screening of GBV at the SH clinics and will refer survivors from their projects to six SH clinics in five upazilas (Barguna, Bogra, Chittagong and Sylhet. Through this partnership, PHR will assist in capacity building of the SH clinical and community staff and who in turn will provide necessary clinical and counseling support to the survivors referred by PHR. PHR & NHSDP will also work together to strengthen One Stop Crisis Centers (OCC) for GBV run by GOB's MOWCA.

An upcoming collaboration with Sisimpur **(Sesame Workshop Bangladesh, a USAID-funded early childhood program**) will allow NHSDP to expand its reach to the community with use of existing Sisimpur materials (such as height scale, DVDs, floor-games etc.) to promote health, nutrition messages to increase the SH service contacts. In addition, these materials will be used in setting up a child corner in SH clinics to attract children in satellite clinics. Sisimpur will also team up with the project's BCC team in developing TV commercials promoting positive child health messages.

For increasing newborn care, NHSDP and **Saving Newborn Lives (SNL)** has had several high level discussions to identify areas of collaboration and join efforts to achieve the USAID and GOB targets for Promise Renewed: to End Preventable Child Deaths by 2035: The Bangladesh Call for Action'.. NHSDP will leverage community service providers (CSP) to provide newborn care services at the community/home level by utilizing SNL's existing training modules. In addition, NHSDP aims to strengthen one of the SH clinics as a model Newborn Health 'Center of Excellence'. NHSDP and SNL will work together for identifying relevant services that would be feasible to provide and subsequently prepare an action plan.

To enhance NHSDP's urban activities linkages with democracy and governance project of USAID, the upcoming collaboration between NHSDP & **USAID's Strengthening Democracy & Local Governance (SDLG**) will link members of Surjer Hashi Community Support Group (SHCG) and local level leaders and empower them to be champions of health. This will be done by linking SH clinic staff

with relevant standing committees that SDLG works with to ensure that their health needs are addressed at local level governance committees. SDLG will facilitate citizen participation in local decision making in SH clinic communities. SDLG works in 600 local governance units, and will be working in 200 municipal areas. USAID envisions SDLG to collaborate with SH Clinic network to enhance service delivery in urban areas through the citizen participation (Standing Committees) and Citizen –in-Governance (GiC) forums which constitutes with about 10% youth and 30% women. Local standing committees (about 85% of selected committees are headed by women, 3-5 male and female citizens as members) can monitor services focusing on health; women & child will ensure ESP services to the community people with special emphasis to the poor. SDLG will share list of 200 areas in which both SDLG and SH clinics will work. The support that SDLG can potentially provide includes, local endorsement of SH clinic workplans, local involvement in clinic activities and local participation in NGO advisory boards.

Government level coordination – *refer to Sub IR 1.2 for milestone reporting*
In collaboration with MOHFW, **Demand Side Financing (DSF)'s** maternal health voucher program currently implemented in 53 upazilas, NHSDP was able to enroll 10 SH clinics in 10 upazilas namely; Tarial, Dewangonj, Debigonj, Tungipara, Khanshama, Daulatpur, Gangni, Ramu, Teknaf and Shajadpur. As a result of additional advocacy and coordination, DSF included 9 additional SH clinics in DSF upazilas (Shibchar, Raipura, Harirumpur, Daudkandi, Baliadangi, Haripur, Matlab North, Charfashion, Sreemongal). When more upazilas will be covered by DSF, NHSDP will advocate for and encourage more SH NGOs to apply to be included.

For increasing the access to maternal health services, NHSDP is in the process of finalizing collaboration with the **GOB's RCHICB/Community Clinic (CC) project,** whereby functional linkage will be established between Community Clinics and Surjer Hashi Clinics for extending services to the community especially for poor and underserved population. In coordination with Community Clinic Management Committee (CMC) and Community Support Group (CSG) of Community Clinic, NHSDP's, Surjer Hashi Community Support Group (SHCSG) will work to ensure and strengthen the bilateral referral linkage in and out of the catchment area and will increase the service as per infrastructure of both clinics. CC project and NHSDP will work in 9 districts to provide quality maternal & newborn health care services. NHSDP will also coordinate with the local government body and the community to support the synergistic MNCAH services of the CC and SH clinic. The MOU between NHSDP and RCHICB is under review by USAID for approval.

Section IV: Monitoring and Evaluation

NHSDP emphasizes the strengthening of monitoring and evaluation (M&E) across all components and all intermediate results (IRs). The M&E plan, submitted within the first three months of the project as planned, elaborates on the approach to achieve program outcomes and details the indicators, means of verification, implementing responsibilities and tools that would be used to assess performance throughout the course of the project. It is based on principles to ensure that processes are useable, cost-effective, accurate, comprehensive and transparent for monitoring, evaluation and reporting on access to and use of services covered under NHSDP. Implementing M&E under NHSDP in the first year of the project, two broad based strategies were adopted (a) Considering a paradigm shift to develop a new M&E system under NHSDP considering output and outcome of the project, and (b) Increasing the capacity of MIS officers of SH NGOs including Project Directors considering institutional development approach. In the upcoming year, NHSDP will continue to strengthen the project's monitoring and

evaluation (M&E) components vis-à-vis the M&E framework, indicators, and activities towards building the capacity of the SH network in a holistic way.

Capacity Building M&E Training Workshop for MIS officers of SH NGOs
Given the challenge of building and revitalizing the capacity of M&E at NGO staff level, NHSDP conducted several training workshops in quality data reporting on transitional grants, performance-based grants as well as monthly reporting at NGO level. Through the training workshops, NHSDP transferred knowledge to program staff on core M&E concepts, tools and techniques, integration and linkage with other core program components. The project identified existing issues in the SH network monitoring system and launched the new parallel online MIS system. NHSDP also successfully identified the gaps in data reporting, report generation and report demand, information use in decision making, data collection process and data presentation. Keeping these gaps in mind, as well as working towards M&E deliverables, NHSDP designed content and conducted the consultative training workshops. Through the workshops, the following gaps in M&E were identified:

- Existing M&E practice needs improvement and enhancement
- Related M&E personnel at NGO level require trainings on M&E/MIS
- Existing MIS system needs modification to cope up with new requirements
- Basic M&E tools and techniques are required in ensuring smooth operation of the program.

Considering a paradigm shift to develop a new M&E system under NHSDP considering output and outcome of NHSDP
In Year 1, NHSDP materialized the paradigm shift and worked towards a new M&E system for reviewing existing M&E indicators and corresponding tools used to assess performance through the course of the transitional project period and facilitate the evidence based decision making process in program policies. Workshops were conducted in this regard and involving participants from six national level SH NGOs, where eight MIS officers and two project directors were present These workshops were needs-based trainings and tailored to enhance NGO level staff decision-making capacity, quality data capturing, data presentation and the integration of information as per needs Of the SH NGO network. Finalization of all M&E tools and formats (for example, MIS forms one through four used at field level) came through rigorous discussion and input from the SH NGO network. In addition, the workshops focused on M&E process monitoring, activity monitoring and output monitoring tools at field level. A new M&E framework was developed through a participatory process.

Development of M&E Tools for NHSDP: The M&E team developed and finalized various monitoring tools like “daily record sheet of CSP, Static and satellite clinics”.

Development of Outcome and Process Monitoring Framework:
The M&E framework and outcome monitoring, including data collection tools, data collection methods and guidelines are currently being developed. The aforementioned are crucial components of the project’s M&E plan. During the first year several discussions were held with different service providers on a range of monitoring issues in developing the monitoring plan. The process continues to be participatory in order to ensure an easily understandable plan with a strong quality control mechanism.

Indicators and Setting Targets
NHSDP reviewed and finalized the baseline data and targets for nearly 80 indicators designed to measure project performance. In addition, an indicator linked specifically to performance-based grants was incorporated into the M&E plan. There are currently 43 indicators that fall under IR 1, 10 under IR

2 and nine under IR 3. As a part the project's ongoing collaboration initiatives, six indicators are directly linked with the partnership with USAID/FANTA on nutrition interventions and 11 are linked to performance-based grants.

In addition, the project is progressing with its collaboration with USAID/SPRING in which an M&E component will be incorporated. NHSDP has also incorporated 30 SH clinics with FANTA's training interventions to its plan and another 50 clinics will be incorporated by the end of December 2013.

USAID/MEASURE Evaluation & Baseline Survey
Throughout this year, extensive discussions were held with USAID, NHSDP & MEASURE regarding baseline indicators for the external survey and sampling frame. MEASURE Evaluation is currently finalizing the survey tools and baseline information has been provided by NHSDP and network NGOs. A survey team plans to start the survey in the coming months. As a part of the external study of project achievements, NHSDP worked closely with USAID/MEASURE Evaluation towards collaboratively constructing the sampling frame for the upcoming NHSDP baseline survey.

Ongoing Monthly Statistical Reports currently highlight results from intermediate result one (IR 1) and incorporate data from all 26 NGOs. The report incorporates monthly and quarterly trend analyses that facilitate a broader understanding of access to, and use of services covered under the SH network. Information sharing and dissemination of results is practiced at all levels; data received at the NGO level is reviewed, quality is checked for inconsistency and feedback is provided to NGOs.

M&E UNDER PERFORMANCE BASED GRANTS
Linkage to Performance-based Grants: NHSDP recognizes the important link between PBG indicators and its monitoring. NHSDP aligned M&E components throughout the PBG mechanism development process. M&E was carefully linked to the PBG planning, RFA development, NGO proposal selection process, information dissemination on data collecting, reporting and data verification. In addition, the development of the guideline and reporting formats were harmonized with the project's core M&E principles.

During the day long workshop held in May 2013 to review and discuss the PBG mechanism and design and corresponding RFA, an emphasis was given to PBG indicators. NHSDP held a consultative workshop in July 2013 on PBG with 26 SH network NGOs' project directors, finance and admin managers and their MIS officers. In addition, performance indicators were carefully assessed in the proposal review process and in finalizing the project proposals.

M&E Training on PBG and Capacity Building of MIS Officers of SH NGOs: In October 2013, a four day long M&E workshop on capacity building of the MIS and M&E Officers of SH NGOs for Chittagong & Sylhet region to build capacity on M&E indicators related to Performance Based Grants. Workshops were pending in rest of the regions due to political unrest.

Clinic management MIS
In order to develop and implement a highly effective HMIS to strengthen organizational capacity and decision making, NHSDP has developed a plan for clinic management information system to enable the NGOs to track performance, evaluate quality of program performances in consonance with the targets, explore root causes and plan solutions thorough a proper feedback system. Since this project covers service data from 327 static clinics, 8,838 satellite clinics and 6,320 community service providers' community distribution services, the complexity of the system is a challenge by itself. From the

observation during field visits and discussions with NGO project personnel, a M&E training workshop was designed to explore and enhance program staff skills and M&E capacity to facilitate in quality data reporting for the upcoming period. NHSDP identified the gaps in data reporting, report generation and report demand, information use in decision making, data collection process and data presentation. Keeping these gaps in mind, as well as working towards achieving the deliverables, the M&E unit prepared the design, guidance for implementation of CMIS and execution. *Refer to Sub IR 1.2 for details on collaboration with GOB MIS.*

Annex 1: Annual Performance Indicators

(January 2013 to November 2013)

Sl.#		Year-2013 (From January to November-2013)				
	Indicators & Other Items	TOTAL	RESIDENCE		POVERTY	
			Rural clinics	Urban clinics	Poor	Non-poor
1	# of CYP	1,465,219	923,652	541,567	520,415	944,804
2	# of service contacts at NGO partners clinics	32,435,198	20,301,100	12,134,098	11,594,482	20,840,716
3	% of service contacts who qualify as poor	35.75%	33.93%	39.46%	N/A	N/A
4	# of injectables provided through USG supported program to prevent unintended pregnancies	1,732,748	990,637	742,111	622,768	1,109,980
5	# of deliveries with an SBA in targeted communities	22,439	8569	13,870	N/A	N/A
5.a	Home births	3,418	2,411	1,007	N/A	N/A
5.b	Facility births	19,021	6,158	12,863	N/A	N/A
6	# of ANC checkups provided during pregnancy through USG supported programs	1,126,234	524,722	601,512	420,221	706,013
6.a	First visit	390947	176649	214298	144943	246004
6.b	Fourth visit	194946	90819	104127	74128	120818
7	# of youth (18-25 years) accessing reproductive health services [1]	N/A	N/A	N/A	N/A	N/A
8	# of newborns born in supported clinics and catchment area receiving immediate newborn care (within 72 hours)	51,647	28,700	22947	18967	32680
9	# of childhood pneumonia cases treated with antibiotics	141,259	90,496	50,763	53,057	88,202
10	# of children less than 12 months of age who received Penta3 from USG-supported programs	314,407	175,828	138,579	114,288	200,119
11	% of pregnant women who receive counseling on adoption of IYCF practices	N/A	N/A	N/A	N/A	N/A
12	# of vitamin A supplementations provided to children under 5 through USG supported programs in targeted areas (FTF clinics)	463,635	338,454	125,181	171,160	292,475
13	# of Pregnant & Lactating Women prescribed with 30IFA (FTF Clinics)	61,565	32014	29551	22,779	38,786
14	# of service contacts with children under 5 that included growth monitoring in USG supported programs in project areas (FTF Clinics)	68,036	17,009	51,027	25,854	42,182
15	# of vitamin A supplementations provided to children<5 through NID *	2,595,192	1,328,049	1,267,143	747,515	1,816,615
16	# of Service contacts to U5. children through NID(VIT-A, De-worming tab.)*	3,448,349	1,739,068	1,709,281	1,009,275	2,439,074
17	Rubella vaccination to Children and adolescent girls	450,423	253,612	196,811	125,710	324,713

18	Total Service contacts : (including NID & Rubella)	36,333,970	22,293,780	14,040,190	12,729,467	23,604,503

Annex 2: SH Network Major Service Components & Trend

Overall statistics of major service components (January 2013 – November 2013)

Month	Child Health	Maternal Health	Family Planning	Other Health	Non-ESD services	Total service contacts
Jan	756,251	300,150	1,208,579	442,119	102,297	2,809,396
Feb	740,136	288,314	1,183,337	431,564	108,092	2,751,443
Mar	749,100	296,952	1,206,770	448,826	119,453	2,821,101
Apr	765,514	312,546	1,215,093	473,050	128,186	2,894,389
May	774,165	321,173	1,222,473	470,131	119,242	2,907,184
Jun	813,053	333,374	1,226,643	490,648	125,319	2,989,037
Jul	833,435	337,123	1,253,965	498,370	127,734	3,050,627
Aug	796,342	319,399	1,213,451	456,131	111,494	2,896,817
Sept	855,177	351,238	1,261,810	512,855	140,973	3,122,053
Oct	839,173	330,237	1,248,923	478,102	119,345	3,015,780
Nov	888,343	354,376	1,285,586	506,688	142,378	3,177,371
Total service contacts w/o NID	8,810,689	3,544,882	13,526,630	5,208,484	1,344,513	32,435,198
NID contacts (Vitamin-A, De-worming & Rubella from Jan.13 to Jun13)	3,750,164	148,608	-	-	-	3,898,772
Total NHSDP:	12,560,853	3,693,490	13,526,630	5,208,484	1,344,513	36,333,970
% Overall	34.57%	10.17%	37.23%	14.34%	3.70%	100.00%
Rural	7,527,892	2,064,741	9,411,572	2,773,255	524,749	22,302,209
% Rural	59.93%	55.90%	69.58%	53.24%	39.03%	61.38%
Urban	5,032,961	1,628,749	4,115,058	2,435,229	819,764	14,031,761
% Urban	40.07%	44.10%	30.42%	46.76%	60.97%	38.62%

Trend of Major Service Components

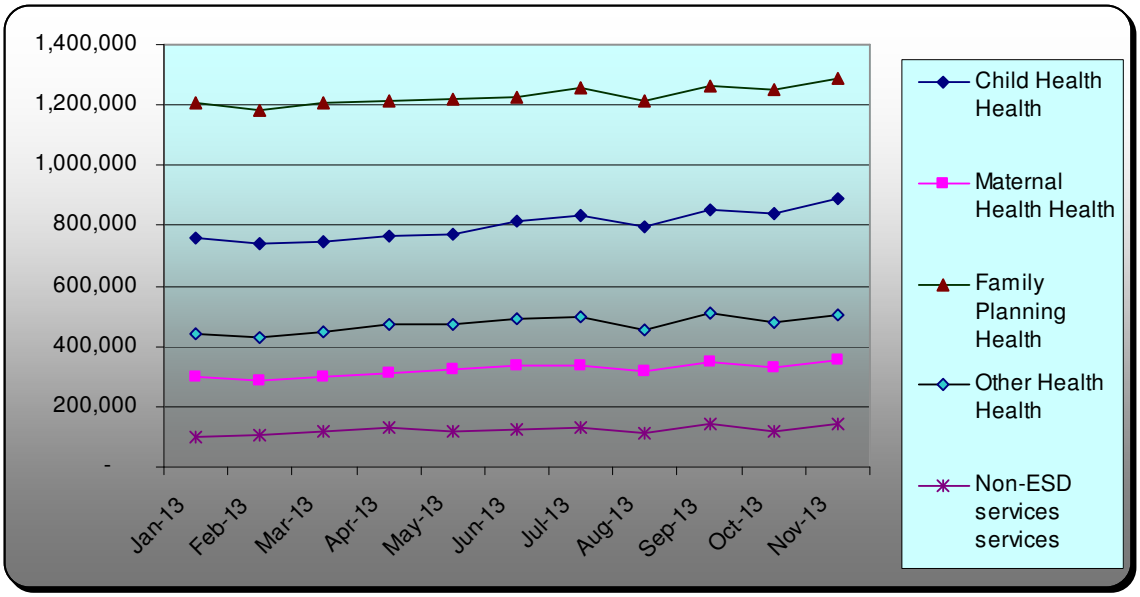


Figure 2: All major service component trend show progress upward trend.

Annex 3: SH clinics/NGOs Awarded World Population Day 2013

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
1	PSF	SH Clinic Pirganj - Rangpur	Srestho Besarkari Sangstha	National
		Sadullahpur	Srestho Besarkari Sangstha (**CBD**)	District (Gaibandha)
		Gobindagonj	Srestho Besarkari Sangstha (**clinical**)	District (Gaibandha)
		Badalgachi	Srestho Besarkari Sangstha (**CBD**)	District (Naogaon)
		Sreepur	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Sreepur -Magura)
		Sreenagar	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Sreenagar - Magura)
		Louhajong	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Louhajong - Munshigonj)
		Mithapokur	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Mithapokur - Rangpur)
		Sundargonj	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Sundargonj - Gaibandha)
		Kazipur	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Kazipur - Sirajgonj)
		Ullahpara	Srestho Besarkari Sangstha (**CBD & clinical**)	Upazila (Ullahpara - Sirajgonj)

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
Total awarded clinic of PSF=11 (National level=1, District level=3, Upazila level=7)				
2	Kanchan Samity	Joypurhat	Srestho Besarkari Sangstha (**clinical)**	**Division (Rajshahi)**
		Thakurgaon	Srestho Besarkari Sangstha (**clinical)**	District (Thakurgaon)
		Rajarhat	Srestho Besarkari Sangstha (**CBD & clinical)**	Upazila & District (Kurigram)
Total awarded clinic of Kanchan Samity =3 (Divisional level=1, District level=2, Upazila level=1)				
3	PSTC	Kishoregonj	Srestho Besarkari Sangstha (**clinical)**	Upazila (Sadar upazilla Kishoregonj)
		Bhairab	Srestho Besarkari Sangstha	Upazila
		Brahmanbaria	Srestho Besarkari Sangstha	Upazila & District
Total awarded clinic of PSTC=3 (District level=1, Upazila level=3)				
4	KAJUS	Borguna	Srestho Besarkari Sangstha (**clinical)**	**Division (Barisal)**
		Borguna	Srestho Besarkari Sangstha (**clinical)**	Upazila & District (Borguna)
		Patuakhali	Srestho Besarkari Sangstha (**clinical)**	District (Patuakhali)
		Patuakhali	Srestho Besarkari Sangstha (**clinical)**	Upazila (Sadar upazilla Patuakhali)
Total awarded clinic of KAJUS =4 (Divisional level=1, District level=2, Upazila level=2)				
5	Proshanti	Noakhali	Srestho Besarkari Sangstha (**clinical)**	District (Noakhali)
Total awarded clinic of Proshanti =1 (District level=1)				
6	SOPIRET	SH Clinic Barura - Comilla	Srestho Besarkari Sangstha (**CBD)**	Upazila (Barura - Comilla)
		SH Clinic Laksham Urban - Comilla	Srestho Besarkari Sangstha (**CBD)**	Upazila (Laksham - Comilla)
		SH Clinic Haziganj - Chandpur	Srestho Besarkari Sangstha (**CBD)**	Upazila (Haziganj - Chandpur)
		SH Clinic Ramganj - Lakshmipur	Srestho Besarkari Sangstha (**CBD)**	Upazila (Ramganj - Lakshmipur)
		SH Clinic Matlab	Srestho Besarkari Sangstha (**CBD)**	Upazila
Total awarded clinic of SOPIRET =5 (Upazila level=5)				
7	PSKS	Jhenaidah	Srestho Besarkari Sangstha (**clinical)**	District (Jhenaidah)
		PSKS	Srestho Besarkari Sangstha (**CBD & clinical)**	District (Meherpur)
		Bheramara	Srestho Besarkari Sangstha (**CBD & clinical)**	Upazila (Bheramara - Kushtia)
		Daulatpur	Srestho Besarkari Sangstha (**CBD &**	Upazila (Daulatpur -

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
			clinical)	Kushtia)
		Gangni	Srestho Besarkari Sangstha (**CBD & clinical)**	Upazila (Gangni - Meherpur)
Total awarded clinic of PSKS =5 (District level=2, Upazila level=3)				
8	SSKS	Habigonj	Srestho Besarkari Sangstha (**clinical)**	District (Habigonj)
		Sunamgonj	Srestho Besarkari Sangstha (**clinical)**	District (Sunamgonj)
		Chhatak	Srestho Besarkari Sangstha (**clinical)**	Upazila (Sunamgonj-Sadar)
Total awarded clinic of SSKS =3 (District level=2, Upazila level=1)				
9	FDSR	Patiya (rural)	Srestho Besarkari Sangstha (**CBD)**	**Division** (Chittagong)
		FDSR	Srestho Besarkari Sangstha (**CBD)**	District (Chittagong)
		SHC-Ramu	Srestho Besarkari Sangstha (**CBD)**	District (Cox's Bazar)
		SHC- Rangamati	Srestho Besarkari Sangstha (**CBD & Clinical)**	District (Rangamati)
		SHC- Teknaf	Srestho Besarkari Sangstha (**Clinic)**	District (Cox's Bazar)
		SHC- Bandarban	Srestho Besarkari Sangstha (**CBD)**	District (Bandarban)
		SHC-Khagrachhari	Srestho Besarkari Sangstha (**CBD)**	District (Khagrachhari)
		SHC-Anowara	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Banshkhali	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Chakaria	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Kutubdia	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Ramu	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Satkania	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Chandanish	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
		SHC-Lohagara, Ctg.	Srestho Besarkari Sangstha (**CBD & Clinical)**	Upazila
Total awarded clinic of FDSR =15 (Divisional level=1, District level=6, Upazila level=8)				

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
10	SUS	Rangunia	Srestho Besarkari Sangstha (**clinical)**	Upazila (Rangunia - Chittagong)
		Raozan	Srestho Besarkari Sangstha (**clinical)**	Upazila (Raozan - Chittagong)
		Sitakunda Rural	Srestho Besarkari Sangstha (**clinical)**	Upazila (Sitakunda - Chittagong)
Total awarded clinic of SUS =3 (Upazila level=3)				
11	PKS	PKS, SHC	Srestho Besarkari Sangstha (**CBD & clinical)**	**Division** (Khulna)
		SHC-Khulna Sadar	Srestho Besarkari Sangstha (**clinical)**	District (Khulna)
		PKS	Srestho Besarkari Sangstha (**CBD)**	District (Khulna)
		SHC-Jessore	Srestho Besarkari Sangstha (**CBD)**	District (Jessore)
		SHC-Chuadanga	Srestho Besarkari Sangstha (**clinical)**	District (Chuadanga)
		SHC-Satkhira	Srestho Besarkari Sangstha (**CBD)**	District (Satkhira)
		SHC Narail	Srestho Besarkari Sangstha (**CBD)**	District (Narail)
Total awarded clinic of PKS =7 (Divisional level=1, District level=6)				
12	SWANIRVAR	Lalmohan	Srestho Besarkari Sangstha (**CBD)**	District (Bhola)
		Feni Sadar	Srestho Besarkari Sangstha (**CBD)**	Upazila (Feni Sadar)
		Parshuram	Srestho Besarkari Sangstha (**clinical)**	Upazila & District (Feni)
		Tongi	Srestho Besarkari Sangstha (**clinical)**	District (Gazipur)
		Debigonj	Srestho Besarkari Sangstha (**clinical)**	Upazila & District (Panchagar)
		Islampur	Srestho Besarkari Sangstha (**clinical)**	Upazila & District (Jamalpur)
		Kalihati	Srestho Besarkari Sangstha (**clinical)**	Upazila & District (Tangail)
		Ghior	Srestho Besarkari Sangstha	Upazila & District (Manikgonj)
		Kuliarchar	Srestho Besarkari Sangstha	Upazila & District (Kishoregonj)
		Savar	Srestho Besarkari Sangstha (**clinical)**	Upazila

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
		Madhupur	Srestho Besarkari Sangstha	Upazila
		Bakshigonj	Srestho Besarkari Sangstha	Upazila
		Katiadi	Srestho Besarkari Sangstha	Upazila
		Gopalpur	Srestho Besarkari Sangstha	Upazila
		Ghatail	Srestho Besarkari Sangstha	Upazila
		Dhalapara	Srestho Besarkari Sangstha	Upazila
		Delduar	Srestho Besarkari Sangstha	Upazila
		Dewangonj	Srestho Besarkari Sangstha (**CBD)**	Upazila & District (Jamalpur)
		Melandah	Srestho Besarkari Sangstha	Upazila
		Dhanbari	Srestho Besarkari Sangstha	Upazila
		Dagonbhuiyan	Srestho Besarkari Sangstha	Upazila
		Nagorepur	Srestho Besarkari Sangstha	Upazila
		Basail	Srestho Besarkari Sangstha	Upazila
		Bhuapur	Srestho Besarkari Sangstha	Upazila
		Chhagalnaiya	Srestho Besarkari Sangstha	Upazila
		Sonagazi	Srestho Besarkari Sangstha	Upazila
		Daulatkhan	Srestho Besarkari Sangstha	Upazila
		Charfassion	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of SWANIRVAR =28 (District level=9, Upazila level=26)				
13	BANDHAN	Surjer Hashi Clinic, Kasba	Srestho Besarkari Sangstha	Upazila & District (Brahmanbaria)
		Surjer Hashi Clinic, Companigonj	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clinic, Senbag	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clinic, Nabinagar	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clinic, Nasirnagar	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clinic, Sarail	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of BANDHAN =6 (District level=1, Upazila level=6)				
14	BAMANEH	Alfadanga	Srestho Besarkari Sangstha	District

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
		Gabtoli	Srestho Besarkari Sangstha	Upazila & District
		Sherpur	Srestho Besarkari Sangstha	Upazila & District
		Dhamuirhat	Srestho Besarkari Sangstha	Upazila & District
		Bondar	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of BAMANEH =5 (District level=4, Upazila level=4)				
15	JTS	Godagari Clinic, Rajshahi	Srestho Besarkari Sangstha	Upazila & District
		Kalmakanda, Netrokona	Srestho Besarkari Sangstha	Upazila & District
		Jibannagar, Chuadhanga	Srestho Besarkari Sangstha	Upazila & District
		Lohagara, Narail	Srestho Besarkari Sangstha	Upazila & District
		Moheshpur, Jhinaidha	Srestho Besarkari Sangstha	Upazila & District
		Singair, Manikgonj	Srestho Besarkari Sangstha	Upazila & District
		Chandpur	Srestho Besarkari Sangstha	District
		Madan, Netrokona	Srestho Besarkari Sangstha	Upazila
		Purbadhala, Netrokona	Srestho Besarkari Sangstha	Upazila
		Atpara, Netrokona	Srestho Besarkari Sangstha	Upazila
		Mohanganj, Netrokona	Srestho Besarkari Sangstha	Upazila
		Bagharpara, Jessore	Srestho Besarkari Sangstha	Upazila
		Baghmara, Rajshahi	Srestho Besarkari Sangstha	Upazila
		Mohanpur, Rajshahi	Srestho Besarkari Sangstha	Upazila
		Baraigram, Natore	Srestho Besarkari Sangstha	Upazila
		Singra, Natore	Srestho Besarkari Sangstha	Upazila
		Shibalaya, Manikgonj	Srestho Besarkari Sangstha	Upazila
		Harirampur,Manikgonj	Srestho Besarkari Sangstha	Upazila
		Gouripur, Mymenshing	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of JTS =19 (District level=7, Upazila level=18)				
16	VPKA	Bhedargonj clinic at Shariatpur	Srestho Besarkari Sangstha **(Clinic)**	Upazila & District
		Goalanda Clinic at Rajbari	Srestho Besarkari Sangstha **(CBD)**	District
Total awarded clinic of VPKA =2 (District level=2, Upazila level=1)				

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
17	UPGMS	Lalmonirhat	Srestho Besarkari Sangstha	District
		Haragach	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of UPGMS =2 (District level=1, Upazila level=1)				
18	CWFD	Patgudam, Mymenshing	Srestho Besarkari Sangstha	District
Total awarded clinic of CWFD =1 (District level=1)				
19	CRC	S H Clinic Pirojpur	Srestho Besarkari Sangstha **(CBD & Clinic)**	Upazila & District
		S H Clinic Mongla	Srestho Besarkari Sangstha (Clinic)	District
		S H Clinic Bagerhat	Srestho Besarkari Sangstha (CBD)	District
Total awarded clinic of CRC =3 (District level=3, Upazila level=1)				
20	SUPPS	Sreemangal Clinic	Srestho Besarkari Sangstha	District
Total awarded clinic of SUPPS =1 (District level=1)				
21	SGS	Muksudpur	Srestho Besarkari Sangstha	Upazila
		Kashiani	Srestho Besarkari Sangstha	Upazila
		Tungipara	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of SGS =3 (Upazila level=3)				
22	VFWA	Rajbari	Srestho Besarkari Sangstha	District
		Rajoir	Srestho Besarkari Sangstha	District
		Gopalganj	Srestho Besarkari Sangstha	District
		Madaripur	Srestho Besarkari Sangstha	Upazila
		Shib Char	Srestho Besarkari Sangstha	Upazila
		Damudya	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of VFWA =6 (District level=3, Upazila level=3)				
23	Tilottama	Ishwardi	Srestho Besarkari Sangstha	Upazila
		Naogaon	Srestho Besarkari Sangstha	District
		Tilottama S H Clinics	Srestho Besarkari Sangstha	District
		Nayagola	Srestho Besarkari Sangstha	District
		Sirajganj	Srestho Besarkari Sangstha	District
		Natore	Srestho Besarkari Sangstha	District

Sl.	NGO	Awarded clinic / NGO	Name of Award	Level of Award
Total awarded clinic of Tilottama=6 (District level=5, Upazila level=1)				
24	SHIMANTIK	SHIMANTIK	Srestho Besarkari Sangstha	Division (Sylhet)
		Surjer Hashi Clini, Kanaighat	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clini, Golapganj	Srestho Besarkari Sangstha	Upazila
		Surjer Hashi Clini, Balaganj	Srestho Besarkari Sangstha	Upazila
Total awarded clinic of SHIMANTIK=4 (Divisional level=1, Upazila level=3)				

A total of 146 NHSDP NGO clinics were awarded (National level=1, Divisional level=5, District level=62, Upazila level=100).